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Perfect Love Casts out Fear: Exploring the Effectiveness of a Person-Centered Disability Awareness Seminar in a Congregational Setting

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PERFECT LOVE CASTS OUT FEAR: EXPLORING THE EFFECTIVENESS OF A PERSON-CENTERED DISABILITY AWARENESS SEMINAR IN A CONGREGATIONAL SETTING

A Major Applied Project
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Doctor of Ministry

By
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To the dear saints of Bethlehem Lutheran Church in Rapid City, SD who have always sought to love our family.

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ACKNOWLEDGEMENTS

Completing the culminating work of a doctorate requires a great deal of help and conversation with others. I am indebted to many people in my own congregation for their candid and heartfelt conversations and encouragement. I was also overwhelmed at the outpouring of support they provided to complete this project. Many of my colleagues in ministry—especially within the Black Hills Circuit—proved to be valuable conversation partners as the topic of this work solidified. I am deeply thankful to my brother, Rev. Andrew Jones, for always offering a listening ear and for his astute ability to articulate complex theological problems in deeply pastoral and practical ways. Thank you, also, to my friend and colleague, Rev. Samuel Bobby, who has taught me to be a better theologian, writer, and rhetorician. I am also indebted to Dr. Tom Egger who provided a guiding hand as my doctoral advisor even in the midst of transitioning to his new vocation as President of Concordia Seminary. I am especially grateful for your humble, pastoral care during three of Zoe's major surgeries that occurred during my time as a doctoral student.

I was blessed with faithful and godly parents and grandparents who raised my siblings and I to love the Lord, his people, and his Word. Noah and Zoe, you have both been supportive and patient with me while I have been in school! And Jamie, you sacrificed more than anyone else. Thank you for listening to me ramble for hours on end about strange theological topics, for being interested and asking questions about my work simply because you knew it was important to me, and for picking up all of the slack in our daily life over the last few years. As we have long said to one another, I say again, "I חֶסֶד you!"

Finally, since preschool our Lord has seen fit to continually place me alongside people with disabilities. Lord, you gave me a heart for people with disabilities. Graciously, in your infinite

wisdom and power and glory, you prepared me to be Zoe’s “Daddy,” Noah’s “Pa,” Jamie’s “Husband,” and Bethlehem’s “Pastor.” And even more wonderfully, you continue to provide, equip, sanctify, reprove, and forgive me as I am blessed to live out these vocations. Thank you, Father.

Soli Deo Gloria

ABBREVIATIONS

ADA	Americans with Disabilities Act
ASD	Autism Spectrum Disorder
ATDT	Attitude Toward Disability Test
BDB	Brown, Francis, S. R. Driver, and Charles A. Briggs. *A Hebrew and English Lexicon of the Old Testament*
CITI	Collaborative Institutional Training Initiative
COVID-19	Coronavirus of 2019
LCMS	The Lutheran Church—Missouri Synod
LW	*Luther's Works*, American Edition,
MAP	Major Applied Project
MAS	Multidimensional Attitudes Scale Toward Persons with Disabilities
PAR	Participatory Action Research
PM & R	Physical Medicine and Rehabilitation
WHO	World Health Organization

ABSTRACT

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People with disabilities and their families frequently experience barriers toward inclusion and belonging in multiple spheres of life. These barriers are also present in Christian congregations. However, many congregations express a godly desire to love people with disabilities and their families without these obstacles.

The Old and New Testaments provide examples of how God’s people sought to love people with disabilities in their midst creatively and intentionally in response to God’s gracious actions, invitation, and command. Recent research in disability studies routinely highlight the necessity of being attentive to the uniqueness of each person with disabilities and his or her family. Recent work in the realm of sanctification also encourages Christians to practice active righteousness and vocation with an emphasis upon loving specific neighbors.

This research project attempted to better understand the effects of a person-centered disability awareness seminar about the pastor’s own child in a single congregation using a mixed methods approach. A pretest posttest design was used in the quantitative phase of the research utilizing the Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS) to measure attitudes ($N = 42$). A focus group was used in the qualitative phase of research ($N = 7$). Results suggest a person-centered disability awareness seminar can be an effective way to improve attitudes and relational engagement in a congregational setting.

CHAPTER ONE

THE PROJECT INTRODUCTION

Research Problem

Being a pastor is hard. Being the parent of a child with profound disabilities is hard. I am both. And sometimes being both seems impossible. It is my understanding that the Doctor of Ministry program at Concordia Seminary and its culminating work, the Major Applied Project (MAP), is intended to be a blessing to students both personally and professionally. In order to help the reader appreciate each of these dynamics, I feel it is both helpful and necessary to write from each perspective as this project is introduced. Without both, I fear readers will not have "ears that hear." I begin with the personal dynamic.

A Personal Perspective

I have been the one called to preach the Word of Christ and administer the Sacraments at Bethlehem Lutheran Church in Rapid City, South Dakota. I am often the first person called when members of my flock experience a crisis: death, hospitalization, family feuds, and congregational conflict. I teach people of all ages. I am relied upon as a counselor and confidant, needing to be able to listen, advise, and refer with a high level of skill. I am expected to be a vibrant leader and able administrator. I am expected to manage my time and family well. I am called to carry the burdens of others with compassion and empathy, through prayer and intercession. I am supposed to know pretty much everything that has to do with our church. I conduct pre-marital counseling and officiate weddings. I officiate as many as a dozen funerals each year. I preach nearly 75 sermons a year. I often teach five classes each week. Homebound visits and meetings are never in short supply. And the Scriptures enumerate even more responsibilities for me as a pastor in 1 Tim. 3:1–7:

> The saying is trustworthy: If anyone aspires to the office of overseer, he desires a noble task. Therefore an overseer must be above reproach, the husband of one wife, sober-minded, self-controlled, respectable, hospitable, able to teach, not a drunkard, not violent but gentle, not quarrelsome, not a lover of money. He must manage his own household well, with all dignity keeping his children submissive, for if someone does not know how to manage his own household, how will he care for God's church? He must not be a recent convert, or he may become puffed up with conceit and fall into the condemnation of the devil. Moreover, he must be well thought of by outsiders, so that he may not fall into disgrace, into a snare of the devil.1

I am often expected to do these things while being on-call 24/7, working 60 hours or more per week, taking only one day off per week (if I'm able), getting up early for Bible studies, staying at church late for meetings, continuing my education, and the list goes on. Being a pastor is hard.

And yet none of these things gets to the heart of who my congregation really is and how blessed and privileged I am to be their pastor. It leaves out their deep faith, unwavering support, financial generosity, hunger for the Word of God, prayers for our family, constant checking-in, numerous accommodations, and routine acts of kindness.

Describing what it is like to be a parent of a child with disabilities is difficult task. How does one articulate the myriad of emotions and experiences of such a vocation? Where should such a description even begin? When others desire to help or better understand a family like ours, whether it is a medical provider or a friend, he or she may ask about our needs. One study describes a mother's experience with such questioning as follows:

> Professionals kept asking me what my "needs" were. I didn't know what to say, I finally told them, "Look I'm not sure what you're asking about. So let me just tell you what happens from the time I get up in the morning until I go to sleep at night. Maybe that will help.[2]

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[1] Unless otherwise indicated, all Scripture quotations are from The ESV® Bible (The Holy Bible, English Standard Version®), copyright © 2001 by Crossway, a publishing ministry of Good News Publishers. Used by permission. All rights reserved.

[2] Lucinda P. Bernheimer and Thomas S. Weisner, "'Let Me Just Tell You What I Do All Day…': The Family Story at the Center of Intervention Research and Practice," *Infants & Young Children* 20, no. 3 (2007): 192.

Another mother was having a bad day with her vocation as a parent of a child with disabilities and shared the following on an anonymous blog:

> I have hit the bottom of the tank today. We had our annual review at school, and it's so hard to hear in concrete terms how delayed my son is. I know it. None of this information is new, but it's so hard to hear again. I worry about his future, let alone how we will afford all his therapies today. *Every single day there is so much to do that I feel I can barely keep up. The needs are unending, and I am not nearly enough.*[3]

I can certainly relate to both of these quotations. Since this Major Applied Project is about *my* context in ministry which includes my vocation as a parent of a child with disabilities, I will share a little bit of what I do all day and night as a parent. And I am going to spew all of it out much like any other parent in my shoes.

Our daughter, Zoe, has spent over 6 months of her life in a hospital. We deal with an average of over 200 medical insurance claims each year for her alone. We have to travel to see specialists once or twice a year. One year it was five times. It's nearly a 700 mile drive—one-way. So, that means half of Zoe's time in the hospital has been 700 miles from home. She has had eight major surgeries. The seventh was to cut 90% of the ventral/operative nerves to her legs which effectively stopped them from moving to provide better care and comfort. She was only about the 50th child to have this surgery in the United States. It was wonderful—until her movements somehow returned. So, for her eighth surgery, she was the first person in the world (to her surgeons' knowledge) to have a ventral-dorsal rhizotomy twice—and now we are looking at having to do the same surgery for her arms which only ever been done a handful of times.

She is a medical phenomenon. Her specialists now talk about her condition as one-of-a-kind. She has a lot of labels, though: extreme premature birth, moderate-severe hearing loss,

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[3] In Lorna Bradley, *Special Needs Parenting: From Coping to Thriving* (Minneapolis: Huff, 2015), xix. Emphases are mine.

quadriplegic cerebral palsy functioning at a Gross Motor Function Classification System (GMFCS) Level V (that's the worst), extreme dystonia, mixed tone, extreme spasticity, extreme choreoathetosis, hyperkinetic features, extreme opisthotonic posturing, borderline microcephaly, hypotonia, global development delay, moderate hip subluxation, pain, and insensitivity. All of those are listed on her medical records. We have tried 25 oral or intrathecal medications—none of which have helped. And she has some form of therapy—occupational, physical, or speech—almost every day.

Our house is strewn with medical equipment and other items needed for Zoe's unique day-to-day care: a stander, a wheelchair, a bath chair, another specialized chair called a Tomato Chair, a modified bed, two 20-pound weighted blankets, two 10-pound sand bags, special pillows, many packages of diapers, baby wipes, and bathing wipes, hearing aid equipment, a blow up mat, a three-foot long therapy ball, wrist splints, ankle-foot orthotics, a dynamic-movement orthosis, special silicon straws, a neck brace, baby monitors, and an "Alexa" Echo Show for good measure.

My wife, Jamie, and I are always tired. The medical side of things is easy when compared to the daily grind. We have routinely had to wake up multiple times each night for her care since her birth. Just getting Zoe ready for the day takes a minimum of one-and-a-half hours. That doesn't count how long it takes for each of us to get ready. Going to bed takes about an hour. Bathing takes an hour. One of us has to feed her for every meal and every snack and ensure she stays well hydrated. We have three primary responsibilities each night: caring for Zoe, making supper, and helping our son Noah with homework (he's two years older). To accomplish those tasks adequately we need at least three adults, unless it's a bath night for Zoe, then we need four. We only have two. We always feel guilty because Noah often pays the price for the level of care his sister needs. We have yet to take a family vacation that didn't involve doctors. Traveling is hard because we have to get Zoe out of her wheelchair at least once every three hours. And trying to find a place to change the diaper of a 12-year-old girl in early adolescence while on the road is not easy—especially if it is cold and snowing as it often is driving across the state of South Dakota. It is too stressful to even begin to describe what life has been like during COVID-19! It's hard being a parent of a child with disabilities.

And none of what I just described says anything about who our wonderful, faith-filled, hilarious, book-reading, photographically memorious, charming, stubborn, witty, trusting, content little girl really is.

Being both a pastor and a parent of a child with profound disabilities is beyond daunting. I would be surprised if anyone who read through what I just shared was not overwhelmed. It overwhelmed me just to write it down. And somehow, God has made this life, this ζωή, a marvelous gift flowing from the One who is the way, the truth, and the life. And he has done it through his church, in his church, among his church, with his church. And as wonderful as our congregation has been from the first day until now, there is still more that can and ought to be done for the Zoes of the world and their families, including ours. That's the personal background. We continue with the professional background of the project.

A Professional Perspective

I have served as the pastor of Bethlehem Lutheran Church, Rapid City, South Dakota for the entirety of my ministry (beginning in the summer of 2007) including vicarage (a year-long pastoral internship) in 2005–2006. I am currently the sole pastor and have a 12-year-old daughter with profound physical disabilities and moderate developmental disabilities. The congregation has always sought to provide appropriate care and support for our family. Yet, after 12 years there are still many people in the congregation who exhibit attitudes of fear, discomfort, and uncertainty toward our daughter as well as others in the congregation who have disabilities.

During the exploration phase of narrowing down the MAP topic, I conducted semi-structured individual and group interviews with members of my congregation in order to gain a better understanding of the attitudes of non-disabled people toward people with disabilities in my ministry context.[4] Participants routinely used language associated with fear, anxiety, discomfort and uncertainty to describe their attitudes and feelings. For example, several individuals shared they preferred to be silent rather than to risk saying something that could be perceived as offensive. One person desired a manual for relating to and understanding people with disabilities because he honestly did not know how to do so. Another person indicated he felt anxious toward people with disabilities because he had never been around them before. Yet another person shared that he tended to avoid our daughter because he felt guilty that his own children are normal and healthy while our daughter is not. Among those few who felt more comfortable, all had spent a significant amount of time around our daughter or another person with disabilities.

Some people in the congregation have shared with me that for a long period of time they have inwardly desired to help with our daughter but were afraid to ask if they could because they did not have the knowledge of how to help. While attitudes of fear, anxiety, discomfort, and uncertainty often predominate in my congregation toward people with disabilities, it is also clear that they genuinely desire to care for, support, and love our family without these limitations.

The literature on disability suggests that congregations often express uncertainty about how to meaningfully support those with disabilities. This is further complicated because the needs of

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[4] References to "context, situation, and episode" in this chapter are used in a technical sense as described by Richard R. Osmer in *Practical Theology: An Introduction* (Grand Rapids: Eerdmans, 2008), 11–12.

people with disabilities and their families are quite diverse and always unique. Fear and anxiety toward people with disabilities is commonplace in the congregation and society. The recent history of the place of people with disabilities within society seems to have contributed to some of these attitudes since as recently as the late 1990s some people with disabilities were institutionalized. And even today, many people with disabilities are segregated from mainstream society in many ways for a variety of reasons. Many of the members of my congregation are in their 60s, with the result that they often have had little interaction with people with disabilities for most of their lives. The regular practice of institutionalization began to change with legislation enacted throughs the Americans with Disabilities Act (ADA) in 1990. But the church at-large seems to be slower than society in acting upon what is often called "inclusion," or "belonging"[5] for a variety of reasons.

While the literature devotes much time arguing *that* Christians should care for people with disabilities for a variety of theological and humanitarian reasons, I do not believe this to be the primary problem in my ministry context. Instead, the problem is that members in the congregation have not been taught *how* to do so in ways that would aid them to overcome their prevailing negative attitudes toward people with disabilities, especially those with whom they may have regular contact in the congregation. The literature has delved into how ministry, care, support, and love might be mutually shared between people with disabilities and their families and congregations, leaders, and lay people to a degree. However, it is difficult to implement disability ministry on a large-scale level, using a one-size-fits-all approach because the individual needs of people with disabilities and their families are so diverse and unique.

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[5] See footnote 2 in Chapter Three for a description of the terms "inclusion" and "belonging" in the Major Applied Project.

Seeking to change attitudes seems to offer promise toward the meaningful inclusion and belonging of people with disabilities and their families in a congregational context. Attitudes are significant because they impact perhaps all other potential barriers affecting the inclusion and belonging of a person with disabilities and his or her family.

The literature offers that attitudes of fear, anxiety, discomfort, and uncertainty can be mitigated through basic but intentional teaching about disabilities in general and about specific individuals who have a disability. This would suggest that understanding and knowledge about disabilities and specific individuals with disabilities will help to break down attitudinal barriers. This understanding and knowledge about disabilities and people with disabilities is often framed in terms of awareness. Disability awareness seminars have been used to improve understanding, engagement, and attitudes in secular and Christian circles. There is no specific norm for what is entailed in such a seminar. While a person-centered disability awareness seminar for our specific ministry context will be explored and described, the primary focus of the project will be upon the quantitative and qualitative results of the seminar upon attitudes and relational engagement, not upon the detailed developmental aspects of the seminar itself.

Research Question

The question to solve the problem described above can be stated in this way: “How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?”

Including a *person-centered* approach in the research question attempts to take seriously the myriad of voices in the literature telling the church and the rest of the world that every person with disabilities and every family of those persons are unique. Two people with the exact same disability diagnosis may have extraordinarily different needs, desires, and goals. Likewise, persons with disabilities may encounter different barriers toward inclusion and belonging even if they worship in the same congregation.[6]

"Person-centered" can have more than one meaning. For this project I am using "person-centered" to define the disability awareness seminar in two ways. First, the seminar is focused primarily upon one individual with a disability as opposed to people with disabilities in general. Second, the seminar seeks to build upon a narrower definition of "person-centered" in the field of disability studies which recognizes the benefit of creative collaboration between a person with disabilities and various supports in that person's life (e.g. therapists, teachers, doctors, pastors, Sunday School teachers, friends, family members, co-workers, etc.). In our case we are seeking to accomplish this task in a congregational setting where "…brothers and sisters in Christ can work together as partners in care to help each other embrace their vocations—God's desires for their lives—disabilities notwithstanding."[7]

As described above, teaching and training through a *disability awareness seminar* can help mitigate attitudinal problems in a congregational context. Since there is no specific norm for disability awareness seminars, it makes sense for the seminar to focus upon the unique values, experiences, medical conditions, family history, barriers, needs, personality, talents, joys, skills, etc., These realities can naturally help a non-disabled person better understand or be more aware of a person with disabilities.

There are exceptionally few research projects in the field of disabilities and the church that focus entirely upon a *single congregation*. For this project, focusing on my congregation makes

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[6] This has been documented. See Richard Hobbs, Jennifer Fogo, and C. Elizabeth Bonham, "Individuals with Disabilities: Critical Factors that Facilitate Integration in Christian Religious Communities," *Journal of Rehabilitation* 82 no. 1, (2016): 41–44.

[7] Anna Katherine Shurley, *Pastoral Care and Intellectual Disability: A Person-Centered Approach* (Waco, TX: Baylor University Press, 2017), 8.

the most sense because our daughter belongs to it and I am the pastor there. But a singular congregational focus also takes into account the uniqueness of my congregation. They have been by our side since our daughter was born. No other congregation has had the exact same experience with a person with disabilities, especially since that person belongs to the pastor's family. Studying one congregation may yield a unique perspective in research that could be enlightening as compared with other studies that analyze many congregations.

While I will use quantitative analysis to measure attitudinal change for this project, I will be using qualitative analysis to assess *relational engagement* from the congregation's perspective. Relational engagement is where unity, care, support, and love are manifested.

Research Purpose

The purpose of this study is to determine in what ways a person-centered disability awareness seminar might improve the predominant attitudes of congregational members toward our daughter and other people with disabilities. It is hoped that attitudinal change will also foster relational engagement of congregational members with people with disabilities in the congregation. If Peter Steinke is correct in his assessment of congregational systems theory,[8] a person-centered disability awareness seminar should have an impact on both attitudes and in turn relational engagement of congregants toward not only our daughter but others in the disability community as well. The end goal of this project is not merely to improve attitudes toward people with disabilities but to improve relationships and fellowship. Relationships, according to the literature, are where real disability awareness thrives. And it is through those mutual relationships that people with disabilities, their families, and congregations will truly be one

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[8] See Peter L. Steinke, *Healthy Congregations: A Systems Approach*, 2nd ed. (Lanham, MD: Rowman & Littlefield, 2006), 3–13.

Body—weeping together, rejoicing together, worshiping together, laughing together, supporting one another, loving one another, receiving the Word and sacrament together—with Christ as head.

Since our daughter is a child with disabilities and I am the pastor of our congregation, there have been some ways members of the congregation and I have attended to issues concerning our relationship together in ministry both naturally and out of necessity. For example, because transferring our daughter to and from her wheelchair requires two adults with a reasonable amount of strength, I often need to be home after school dismisses and before bedtime to assist with transferring. The congregation and I have had to navigate simple but difficult elements of scheduling meetings, pastoral counseling, and pastoral visitations. Even pastoral visitations can be challenging if members wish to get to know our entire family because we cannot access most homes if invited for dinner. For those who have been involved in working through these specific challenges, I have observed their understanding of our situation has improved to some degree and I believe along with it, their attitudes have also improved. However, we have not intentionally sought to develop anything that would aim to improve the attitudes and relational engagement of larger portions of the congregation in intentional and meaningful ways.

Furthermore, many resources on disability ministry focus on pastoral leadership as a key element in caring for people with disabilities. Such a framework, while admirable, does not take into account a situation in which the pastor himself and his family may be in need of such care. Attending to this oversight is necessary in our ministry context and, it is hoped, will be beneficial to other pastors and congregations in similar contexts.

Exploring a solution to the expressed problem above will seek to expand upon the godly desires already present in the congregation to care for our daughter and our family and patiently guide them through a person-centered disability awareness seminar in order to mitigate the attitudes which have hindered such care from flourishing.

There are several dimensions of research which will contribute to answering the research question posed for this project. They include the following:

- A person-centered disability awareness seminar will be developed for and taught in our specific ministry context.
- The attitudes of congregational members toward people with disabilities will be measured quantitatively and qualitatively.
- The relational engagement between congregational members and a person with disabilities will be measured qualitatively.
- A solid biblical and Lutheran theological foundation will be explored for undertaking this project.
- Recent research in the social sciences concerning people with disabilities in congregational settings will be explored.

Ultimately, fostering godly attitudes and relationships to and with one person with disabilities will aid the congregation toward a more robust ministry with this large (and largely forgotten) group of people. The research begins with God and how he has revealed himself and his will in his Word. We now turn to explore the biblical and theological perspectives which inform this project.

CHAPTER TWO

THE PROJECT IN THEOLOGICAL PERSPECTIVE

Introduction

The study of disabilities in both secular and religious spheres has increased significantly in the wake of the Americans with Disabilities Act (ADA) in 1990. Since that time, many theologians from a wide array of denominational backgrounds encompassing all theological disciplines have contributed to a growing body of literature aptly named, "a theology of disability" or "disability theology."[1] As such, noted disability theologian John Swinton rightly observes, "Trying to capture something of the richness and complexity of the field is necessarily difficult."[2] But in order to answer the research question, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?" for this Major Applied project, it is necessary to delve into this area of theology.

There are several difficult aspects about writing on a topic such as disability theology. One might even wonder why the church even needs a theology of disability. In the field of disability theology, there is perhaps one overarching theme that is latent within such writing that is not always articulated, namely, there is a chasm between most people with disabilities and most people without disabilities.[3] This chasm or divide may be experienced in many forms such as attitudes, fear, physical barriers, social barriers, normative expectations, uninformed

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[1] I use these terms interchangeably.

[2] John Swinton, "Who is the God We Worship? Theologies of Disability; Challenges and New Possibilities," *International Journal of Practical Theology* 14, no. 2 (2010): 276.

[3] See J. A. O. Preus III, "The Worlds We Construct: Bridging the Chasm between Us and Them" (unpublished manuscript, March 31, 2019): 5.

assumptions, practical unawareness, avoidance, pride, frustration, guilt, misunderstanding, and many such things like these. These may be conscious or unconscious and may be experienced by people on either side of the divide. That theologians have been writing about this topic for more than 30 years without much having changed in the lives of Christians suggests that more needs to be done. The church, indeed, my church, needs a theology of disability to bring these two groups into communion with each other.

However, even as I argue that such a theology is needed, I also do not believe that an entirely new theology ought to be constructed. As I will argue, the theology we confess and cherish is already able to address the topic of disability since I assume the Scriptures and *regula fidei* are useful and sufficient to handle such a challenge.[4] There is much in our biblical and theological heritage that has not yet been applied to such a need as the one being addressed in this Major Applied Project.

This chapter explores what warrants the teaching of a person-centered disability awareness seminar with the purpose of improving the attitudes and relational engagement of the members of my congregation toward people with disabilities from the theological and Scriptural heritage of my own denomination, The Lutheran Church—Missouri Synod (LCMS). While it is beyond the scope of this chapter or this Major Applied Project to provide a comprehensive confessional Lutheran theology of disability, it is necessary to some degree to at least "rough out" what it might look like. This work is needed because none currently exists, and it will aid in answering the research question. To accomplish these goals, I will first interact with several scholars who have contributed to the existing literature on disability theology. Next, I will explore biblical

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[4] See Korey D. Maas, "On the Sufficiency and Clarity of Scripture," *Concordia Theological Quarterly* 85, no. 1 (2021): 38–47.

texts pertaining especially to the interplay between the God of Israel in the Old Testament, Jesus in the New Testament, non-disabled people of God, and people of God with disabilities while paying special attention to prescriptive (law) and descriptive (narrative) dimensions of biblical texts. A brief history of how the early church put these Scriptural teachings into practice will be examined next. Based upon insights gained from contemporary disability theology and the biblical texts examined, I will explore the paradigm of the two kinds of righteousness and explore the ways in which two models of sanctification may help to inform vocation and active righteousness. This work will help articulate a confessional Lutheran way to think about disability theology and how one might put such theology to work for this project.

Contemporary Disability Theology

As already mentioned, disability theology is complex due to the multiplicity of voices from varied backgrounds with different agendas, emphases, and goals. It is also complicated because all people are unique. Not every person has the same problems or needs. Advocating for the needs of one person or group may well exclude another. For example, it is common in our society to push for as much independence as possible for people with disabilities.[5] While this may be beneficial for some, it necessarily excludes our daughter and others like her since she is unable to do anything on her own. This is just one more way that demonstrates how complex disability theology can be.

Another complexity is trying to define what constitutes a disability. There are several models from which one can consider such a question. Benjamin Conner paints a helpful picture of how disability has been defined in the recent past in what follows. He posits that the World

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[5] This is true both inside and outside the church and is likely reflective of what is normative in our culture.

Health Organization (WHO) and the ADA give standard, western answers to the question. Their definitions of disability focus on limitations and impairments primarily physical in nature with perhaps some room for social limitations and impairments. If a disability is understood as a deficiency in some way, a medical model would seek to fix or cure the problem. If examined from a political view, the way forward might be justice, activism, or legislation. If disability was understood as a social construct,[6] then the response is to remove and reshape physical and attitudinal barriers.[7]

John Swinton differentiates approaches to disability theology by distinguishing between contextual models of disability theology and a traditional/historical/creedal model of disability theology (henceforth creedal theology). Contextual theology tends to promote change to theology on the basis of human experience. Creedal theology assumes theology emerges from Christian traditions, creeds, and Scripture rather than any one particular human experience. Of course, the waters become quickly muddied as even a creedal theology allows for the contextualization of the gospel message as it considers human experience and culture.[8]

Brian Brock categorizes the way Christians have talked about the topic of disabilities throughout Christian history in three ways. He labels them activist discourse, discourse of definition, and existential discourse. Activist discourse is concerned with what sort of care Christians ought to provide and to whom. Discourse of definition focuses how sickness or

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[6] This model is sometimes called the British strong social model of disability. It used frequently in the United States by scholars interested in disability theology and has been advocated by ethicist and theologian, Stanley Hauerwas, among others.

[7] On these models, see Benjamin T. Conner, *Disabling Mission, Enabling Theology: Exploring Missiology Through the Lens of Disability Studies* (Downers Grove: IVP Academic, 2018), 18–19.

[8] My former professor, Dr. Robert Holst, described one particular challenge as a missionary and Bible translator. The village where he served had no concept or word for bread. Sweet potatoes were their primary staple. So, in that context, Jesus was the “sweet potato of life.”

disability is related to what is known about the wholeness and health of humanity. Existential discourse emphasizes what kind of people Christians should become in order to rightly love all people including those we may wish to avoid.[9]

With these definitions and paradigms in mind it can be challenging to traverse this field to determine what is helpful and what is not. With regard to Brock's categories, my own denomination, the LCMS, would probably tend toward addressing all of them, rather than one in particular. We would squarely fall into Swinton's category of creedal theology. Still, there are often insights to be gained from even more liberal, contextual views of disability theology. I have found that those operating from a contextual view are often good at identifying practical problems in the field of disabilities. However, because of my theological heritage and convictions regarding the Holy Scriptures, the way I would solve these problems often necessarily diverges from those who allow for a contextual understanding of theology.

Nancy Eiesland's book, *The Disabled God*, is generally viewed as the seminal work in the field of disability theology. There is much in the book which is problematic from the perspective of confessional Lutheranism. This is perhaps highlighted by her view that the fundamental mission of the church is to embody justice—as in civil rights.[10] Few people, if any, who fall in the creedal theology category would agree with her claim. It is that claim that leads to many of the practical outcomes of her liberatory theology of disability, including re-symbolizing (Eiesland's language) the resurrected Jesus as disabled. While the conclusions she arrives at based upon her theological and practical insights are, to be kind, different than creedal theology

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[9] On these categories see Brian Brock, "Introduction: Disability and the Quest for the Human," in *Disability in the Christian Tradition: A Reader*, ed. Brian Brock and John Swinton (Grand Rapids, Eerdmans, 2012), 12.

[10] Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of* Disability (Nashville: Abingdon, 1994), 87.

would allow, her ability to identify problems in the church as related to people with disabilities is largely helpful and sadly, still pertinent. Her pointed and now famous remark, "For many disabled persons the church has been a 'city on a hill'—physically inaccessible and socially inhospitable,"[11] stings because it is largely still true. The two-fold agenda of her work is generally something with which most Christians could resonate. This agenda includes to primarily "[enable] people with disabilities to participate fully in the life of the church"[12] and secondarily to pave the way for two-way access between the lived experience of people with disabilities and Christian tradition.[13] Both of these goals are laudable. And dialogue must occur for these goals to become realized.[14]

In recent years there has been a large focus upon inclusion, community, belonging, and friendship for people with disabilities in faith communities.[15] These emphases initially dealt more with ministry *to* people with disabilities but has now encompassed ministry *with* people with disabilities. This shift works to reorient non-disabled people to consider what kinds of things might be gained from people with disabilities rather than simply what can be done for them. In the background of this modified approach is what is considered the social model of disability which falls under, what Brock labels, existential discourse.[16]

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[11] Eiesland, *Disabled God*, 20.

[12] Eiesland, *Disabled God*, 21.

[13] Eiesland, *Disabled God*, 23.

[14] Eiesland, *Disabled God*, 87.

[15] See, for example, Hans S. Reinders, "The Power of Inclusion and Friendship," *Journal of Religion, Disability & Health* 15, no. 4 (2011): 431–36; Hans S Reinders, *Receiving the Gift of Friendship: Profound Disability, Theological Anthropology, and Ethics* (Grand Rapids: Eerdmans, 2008); Bill Gaventa, "From Strangers to Friends: A New Testament Call to Community," *Journal of Religion, Disability & Health* 16, no. 2 (2012): 206–14.

[16] A change from "to" toward "with" is not unique to disability theology, but is changing in vocational theology, also. See Rich Carter, "The Problem of Vocation in the Twenty-First Century," *Lutheran Forum* 54, no. 1 (2020): 20–21.

John Swinton advocates for a modified apophatic[17] theology of disability which emphasizes community, love, and friendship according to a social model of disability. Importantly Swinton understands this goal as a penultimate one, secondary to the ultimate goal of salvation. By taking this view, Swinton seemingly attempts to set himself apart from contextual models of disability theology to guard against making God into one's own image.[18] His apophatic theology is modified in the sense that Swinton acknowledges God can be known, but only in the way that he chooses to reveal himself.[19] Swinton's idea here is not altogether different from Luther's distinction between the *Deus absonditus and Deus revelatus*. But whereas Luther's understanding of the revealed God emphasizes passive righteousness, Swinton moves toward love and friendship, that is, active righteousness. The author rightly claims that God is love and that love manifests itself in the life, death, and resurrection of Jesus. In light of this gift, Swinton sees a relational view of friendship between God and humanity as the key to both knowing God and responding to the challenges of the church regarding people with disabilities. And he maintains the ultimate goal is "justification of the sinner by grace alone" (by quoting from Bonhoeffer). The emphasis of friendship in Swinton's theology of disability is attractive. But much of his theology of disability is based upon principles gleaned from Jesus' friendships, namely, acceptance, grace, and justice.[20] This causes one to wonder why friendship should take center stage instead of something else, like healing or judgment. I find myself in the

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[17] This theology, in its traditional sense, attempts to know God through negation, that is to say, one knows God by what one does not know about God. It is sometimes called the *via negativa*. For example, to simply say that God is strong is incorrect because God's strength is beyond human understanding.

[18] Swinton essentially makes this argument in his article, "The Body of Christ Has Down's Syndrome: Theological Reflections on Vulnerability, Disability, and Graceful Communities," *The Journal of Pastoral Theology* 13 no. 2, (2003): 71–73.

[19] See Swinton, "Who is the God We Worship?" 301.

[20] See Swinton, "Who is the God We Worship?" 303–04.

strange position of largely agreeing with Swinton's conclusion that friendship between people with disabilities and others in the church is exceedingly important in disability theology and ministry but disagreeing with how he arrived there. Put simply, I would argue that friendship with a person with disabilities matters because it is implied within God's command to care for and love one's neighbor within the community and fellowship of his church from the perspective of active righteousness, not because God's friendship with creatures is the primary motif in biblical theology. Still, Swinton offers important and wise insights for Christians to consider which have practical ends and which are relevant to this project. One is his assertion that "[disability] rights without love won't work."[21] Another is his related call for Christians to take seriously God's command to love their neighbors.[22] Swinton, like others, believe this love is manifested in the dimension of belonging which is a gift of the Spirit.[23]

Disabling Mission, Enabling Witness, by Benjamin Connor, is one of the most recent works to advocate for viewing disabilities less in terms of loss or suffering and more in terms of gain. By looking at disability theology through the lens of missiology, Connor helps one to perceive that ministry with people with disabilities is not entirely different from proclaiming the gospel on the mission field to people of a different culture. This requires Christians to consider how they may have sought to impose cultural norms and practices upon people with disabilities alongside the kerygma. Here, one may be reminded of Paul's condemnation in Acts and Galatians of Gentiles being forced to live like Jews by means of dietary restrictions and

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[21] Swinton, "Who is the God We Worship?" 305. See also, John Swinton, "From Inclusion to Belonging: A Practical Theology of Community, Disability and Humanness," *Journal of Religion, Disability & Health* 16, no. 2 (2012): 186–88.

[22] See Swinton, "Who is the God We Worship?" 306.

[23] See Swinton, "From Inclusion to Belonging," 184.

circumcision in order to be Christians. [Dis]abling[24] theology or mission does not mean Connor is against disabilities or mission. He simply is attempting to point out that many Christians operate from an ableist viewpoint and carry certain normative biases that can hinder the inclusion and belonging of people with disabilities in the church. By inclusion, Connor does not mean merely physical accessibility. He borrows the helpful idea of needing to have both physical ramps and social ramps in place.[25] Thus, Christians should not merely aim for accessibility but inclusion, belonging, and love. People with disabilities, then, bless the church with their presence and ministry as her witness is more vibrant and robust.

Henri Nouwen's book, *Adam: God's Beloved*, is a unique genre that is different than other theological treatises on disability theology.[26] It ventures into the vulnerable, frightening, heart-wrenching, tender, and beautiful gift of Nouwen's experience caring for Adam. Adam was a man with profound disabilities. He was non-verbal, epileptic, and completely dependent upon someone else for all his care. Nouwen uses words to weave a rich tapestry with the deepest of emotions, profound personal meaning, and theological insight. Most books on disability theology describe how people and the church ought to change how we think about people with disabilities and advocate for change. Nouwen simply tells the story of how being in an intimate relationship with Adam changed him. Similar to more decidedly theological works on disability theology, Nouwen's experience implicitly demonstrates the value, gain, and benefit people with disabilities have on those who are blessed to truly know them and care for them. However, he does not emphasize people with disabilities as a group. His work again is different. He describes the

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[24] "[Dis]abling" is way the author expresses his critique in the typeset of the manuscript.

[25] The idea of social ramps originated with Jeff McNair. See Jeff McNair and Bryan McKinney, "Social Ramps: The Principles of Universal Design Applied to the Social Environment," *Journal of the Christian Institute on Disability* 4, no. 1 (2015): 46–47.

[26] Henri J. M. Nouwen, *Adam: God's Beloved* (Maryknoll, NY: Orbis, 1997).

value, gain, benefit, love, friendship, belonging, community, godliness, etc. of Adam in relationship to himself. Whether he intended it or not, this is a profound insight. One simply cannot *talk about* such things. It must be *experienced*. For example, several of Nouwen’s powerful and influential friends sought to persuade him to leave and let others care for Adam. Nouwen convinced one of these friends to stay with Adam and him for a few days. During his brief stay, Adam began to change that man, too. After that visit, Nouwen’s friend never again urged him to leave. Instead, whenever they spoke, he always asked how Adam was doing.

In vividly depicting his relationship with Adam, Nouwen implicitly argues for a theology of disability that emphasizes specific vocational relationships between people. Such relationships begin with the love of Jesus, with the manifestation and cultivation of neighborly love as a natural result.

Mary Shaefer Fast is one of the very few Lutherans (Evangelical Lutheran Church in America) who has weighed in on disability theology in any significant way. One valuable aspect of Shaefer Fast’s work is that she raises issues of exclusion and marginalization toward people with disabilities in the church at least in part from her own experience raising a child with disabilities. She partially pins this problem, however, on what she views as wrong-headed statements in the Old Testament. For example, in her discussion of Leviticus 21 she concludes, “Unfortunately, our biblical forefathers set these subtle, but powerful, examples of discrimination very early in the Bible.”[27] On this point, her contextual approach to disability theology is apparent.[28]

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[27] Mary Schaefer Fast, “A Theology of Disability: Living as a Theologian of the Cross,” *Journal of Religion, Disability & Health* 15, no. 4 (2011): 418.

[28] See the discussion above on Swinton’s distinction between contextual and creedal approaches to disability theology.

Shaefer Fast suggests that Luther's theology of the cross should be the theological foundation of disability theology. However, her understanding of Luther's theology of the cross and her use of it as applied to disabilities is different than my own view. She deserves credit for examining Luther himself and some contemporary theologians who have weighed in on the theology of the cross. She is right to include Douglas John Hall, James Nestingen, and Gerhard Forde as helpful conversation partners in this endeavor. She also builds upon the work of other disability theologians who operate largely within a contextual model including Nancy Eiesland, Amos Yong, and Deborah Creamer. Shaefer Fast uses the theology of the cross to promote an acceptance of disability and people with disabilities in connection with vocation. She writes, "The cross of Jesus Christ removes the *dis* from *disability* and leaves the *ability* to live vocation—lived faith."[29] I believe a move from the theology of the cross to vocation is warranted as Luther believed his theology was meant to be practical. The question is, To what end? Shaefer Fast argues the end is acceptance and liberation which ironically, in my view, sounds like "glory." I agree that the theology of the cross speaks to the heart of the experience of suffering. It gives hope, forgiveness, and life to those bearing crosses. But one point that Schaefer Fast misses entirely is that the theology of the cross provides mercy and grace to individuals and their families suffering with disabilities even and especially when the rest of the world does not accept them or simply does not care. It is not only in disabilities that God reveals his tender mercy, as a theologian of the cross would proclaim, it is even when others fail in or ignore their vocations to love and care for their disabled neighbors.

I resonate with the experiences of Schaefer Fast in my own *Sitz im Leben*. I have found that theologians of the cross provide great comfort in my own situation. I believe this theology is

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[29] Fast, "A Theology of Disability," 415. Emphases are original.

very appropriate for someone undergoing the suffering of disabilities[30] (or any other suffering) as well as for their families. I wish this theology's pragmatic thrust was more prevalent. But I wonder if the theology of the cross is the best approach to take if the problem needing to be addressed is a chasm between people exhibited through differing attitudes and misunderstandings as described in the introduction of this chapter. I believe teaching Christians about neighborly love as it applies their vocations is much more valuable. Such a goal is finally the natural result of the theology of the cross as the author argues. I am suggesting that it makes more pragmatic sense to use the two kinds of righteousness as a framework for a theology of disability. When teaching about active righteousness/neighborly love and vocation in the sphere of disability theology, it is problematic to merely speak theoretically or in generalities. As I will propose in my own view of a theology of disability, vocation is not about what "*we*" can do for "*those* suffering with disabilities." Vocation and neighborly love need to be more specific—person-centered/neighbor-oriented—as Nouwen's memoir about Adam so beautifully illustrates. More appropriately, one should consider what *I* can do for *this person* with disabilities and vice versa.[31]

From my own denomination, Norbert Mueller and George Kraus begin their discussion on ministry to and with those with special needs by locating such a ministry within our Lord's commission to make disciples of all nations. What is most helpful about their discussion to introduce pastors to ministry to this large and often overlooked group is that they do not begin with people with special needs but with God's own promises and call for mercy and salvation for

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[30] By "the suffering of disabilities," I mean physically (e.g. pain) and socially (e.g. stigmatization).

[31] "Person-centered" in the field of disabilities seems to be the broad equivalent of "neighbor-oriented" in the field of theology. I will discuss the importance of a neighbor-oriented view later in this chapter.

sinners.[32] Different from many other discussions on disability theology, these authors—in one swift stroke—bring people with disabilities out of the places to which they have been excluded into the vast multitude of the rest of humanity. They insist that people with disabilities must be simply cast on the mercy of God because they are sinners in need of salvation—just like everyone else.

There are many voices clambering to insist that people with disabilities are the same as everyone else with respect to dignity, humanity, value, and the like. Mueller and Kraus begin with what God says about everyone reflecting the words of the Apostle Paul in Rom. 6:23–24, "For all have sinned and fall short of the glory of God, and are justified by his grace as a gift, through the redemption that is in Christ Jesus."

From their vantage point, it really is not *whether* people with disabilities need Jesus or belong in the church. As the authors poignantly state, "The pastor does not question *whether* he and the congregation will minister to people with special needs, but *how*."[33] Mueller and Kraus raise several questions that are still quite relevant for today even as they wrote their book prior to ADA becoming law. I think they are important enough to warrant repeating in full:

- How can I correctly present the miracles of Jesus to those in need of such miracles?
- How do I apply God's message of hope to specific individuals with specific special needs?
- How can this congregation be sensitized to develop programs and facilities that will include *all* people?
- How large a part does the fear of embarrassment/doing something inappropriate place in ignoring those with special needs—and how can I help my parishioners to overcome that fear?
- How shall I overcome my own fear of promising more than I/the congregation will deliver?

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[32] See Hosea 6:6; Matt. 9:13.

[33] Norbert H. Mueller and George Kraus, *Pastoral Theology* (St. Louis: Concordia, 1990), 167. Emphases are original.

- Is the mentally disabled person capable of understanding sin and grace and, therefore, of receiving holy communion?[34]

The authors assert that a Christ-like attitude is the first step toward including and ministering to and with people with disabilities. Other attitudes they feel should be addressed include seeing value in others, seeing the contribution of the disabled, being flexible, overcoming fear, overcoming judgment (meaning overcoming the notion that disabilities are *always* God's punitive action for sin), and overcoming condescension.

This brief survey of representative voices from the field of disability theology has revealed that there is still a chasm which exists between non-disabled people and people with disabilities on many fronts including within the church. Contextual theologies of disability too readily attempt to reshape God to argue for their particular way of understanding disability theology or to advocate for their particular practical model to improve the problem at hand. While not primary to this project, it is my observation that an improved understanding of the two realms would benefit those in the conversation regarding disability theology. Demanding civil rights is the way of God's left-hand kingdom. A loving response to God's free gifts toward one's neighbor who may or may not have a disability is the way of God's right-hand kingdom.[35] Creedal theologies of disability are better; however, the reality of the chasm still exists. It is my contention that inclusion, belonging, community, and friendship which are routinely emphasized by all groups, are praiseworthy, but these goals have not been realized nor have they been examined deeply enough through careful Scriptural exegesis. Some have explored theological loci pertaining to disabilities as mentioned, but disability theology is sometimes viewed as

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[34] Mueller and Kraus, *Pastoral Theology*, 166. Emphasis is original.

[35] On the two realms, see Joel Biermann, *Wholly Citizens: God's Two Realms and Christian Engagement with the World* (Minneapolis: Fortress, 2017). While Biermann does not specifically take up the issue of disabilities or disability theology, his framework would easily be applied to this topic.

having equal status to long established theological ideas. I would advise caution in this area since disability theology is relatively new, is informed by a myriad of voices, and often is shaped by the social sciences and contextual theology which may be at odds with both the Scriptures and the *regula fidei*. The Scriptures and the *regula fidei* ought to be sufficient to provide a winsome and robust way forward which tackles not only *that* people with disabilities matter but also *how* to bring those on either side of the chasm (described in the introduction of this chapter) closer together not only through acts of mercy but finally in *koinonia*.

Among the theological loci most relevant to disability theology, I believe that *active righteousness*, i.e. loving one's neighbor, as a response to God's merciful actions (i.e. passive righteousness), carried out in one's *vocation*, and informed by *neighbor-oriented sanctification models* show the most promise toward this goal and as a foundation for this project. Active righteousness, vocation, and neighbor-oriented sanctification are firmly grounded in the Bible and attend to behaviors, attitudes, and human relationships. Any discussion regarding disability *theology*, or any other theology rightly begins with God as he has chosen to reveal himself in his Word. It is to that Word we now turn.

Biblical Foundation

Where one begins a discussion concerning disability theology and Scripture is important. Naturally, many Christians begin with texts that involve people with disabilities. In much of the literature in disability theology, the Word of God is examined and held to the contemporary standards of the disability rights movement. How well the Bible aligns with one's view regarding people with disabilities is sometimes the litmus test for its authority or usefulness. This will not be the approach taken here. I am in no way suggesting that the lived experiences or the spiritual and physical needs of people with disabilities ought to be ignored. I am claiming that those needs cannot and should not be the foundational aspect of good biblical exegesis. Instead, the mercy and compassion of God especially in and through the words and deeds of Jesus Christ is the impetus and foundation for engaging and interpreting the texts that especially emphasize people with disabilities as these are the things to which God himself draws our attention.

Prescriptive Texts (Laws)

To begin the study of Scripture's dealing of this topic, we will first consider some of the prescriptive texts which clearly lay out God's protections for people with disabilities as well as the reasons he gives for providing these protections. Two texts will be examined, Lev. 19:13–14 and Deut. 27:15–26 (especially vv. 18–19).

Leviticus 19:13–14

> "You shall not oppress your neighbor or rob him. The wages of a hired worker shall not remain with you all night until the morning. You shall not curse the deaf or put a stumbling block before the blind, but you shall fear your God: I am the LORD."

These verses are part of the so-called Holiness Code. Lev. 19:2 sets the tone for all of chapter 19 as Yahweh says to his people, "You shall be holy, for I the LORD your God am holy." To be holy is to be set apart. Much of the second half of the chapter delineates how God's people were to love one another—both positively and negatively—as neighbors in light of God's own holiness. Holiness was not a matter of showing love in order to become holy.[36] God's people were to love one another precisely because such neighborly love was holy.[37] God's people were to reflect this holiness in the way they lived through integrity and care of one another. This holiness demonstrated through love would be especially evident in how one treated those who were the

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[36] John W. Kleinig, *Leviticus*, Concordia Commentary (St. Louis: Concordia, 2003), 407–08.

[37] Michael D. Fiorello, *The Physically Disabled in Ancient Israel According to the Old Testament and Ancient Near Eastern Sources* (Milton Keynes, UK: Paternoster, 2014), 78.

most vulnerable to abuse.[38] The issue here is taking advantage of people with disabilities since a deaf person cannot hear a curse and a blind person cannot see a stumbling block. Mark J. Lenz argues that someone could disobey God’s command in less obvious ways than outright cursing and placing obstacles.[39] It is highly likely that cursing and placing stumbling blocks stands more broadly for any kind of cruel mistreatment of people with disabilities. These are mentioned as the most egregious illustrations which highlight mistreating any person with a disability precisely on the basis of their disability. Abusing people with disabilities was an affront to Yahweh particularly because such individuals were powerless and helpless to avoid such abuse. Especially in this context, along with verse 13, these individuals were particularly vulnerable to poor treatment because it would be difficult if not impossible to gain justice in court. A hired worker could have difficulty gaining justice for not getting paid as he might fear repercussions from his employer for speaking out against him. In the case of the deaf and blind, there would not even be a way for them to testify concerning the wrongs done to them. The reason given for acting in justice and righteousness remains the same throughout the pericope: “I am the Lord.” For while the one who harms a deaf or blind person may not need to fear retaliation from them, he would need to fear God who was the protector and avenger of such people.[40]

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[38] The qal imperfect verbs used in verse 13a, translated as “oppress” (עָשַׁק) and “rob” (גָּזַל) are not generic terms, but are very active, harsh terms for “extortion” and “violently snatch/tear away,” respectively. This would suggest that the offenses pictured in verses 13–14 are severe, not trivial. See Francis Brown, S. R. Driver, and Charles A. Briggs, *The Brown-Driver-Briggs Hebrew and English Lexicon* (Peabody, MA: Hendrickson, 2001), 159d1, 798d1. Hereafter referred to as BDB.

[39] Mark J. Lenz, *Leviticus*, People’s Bible Commentary (St. Louis: Concordia, 1996), 170.

[40] Kleinig, *Leviticus*, 411. See also Exod. 22:21–24.

Deuteronomy 27:18–19

> "'Cursed be anyone who misleads a blind man on the road.' And all the people shall say, 'Amen.' 'Cursed be anyone who perverts the justice due to the sojourner, the fatherless, and the widow.' And all the people shall say, 'Amen.'"

The book of Deuteronomy is a recapitulation of God's words spoken to his people through Moses as they are about to enter the promised land. Deuteronomy 27:15–26 marks the beginning of God's blessings and curses as his people are nearly ready to cross the Jordan. It is worth noting that these curses closely parallel the commandments already given in Exodus 20 and Deuteronomy 5. Verse 15 parallels the first commandment. Verse 16 addresses the fourth commandment. Verses 17–19 match loving one's neighbor through the protection of property, safety, and justice. Verses 20–23 deal with sexual sins of various kinds. Verses 24–25 affirm the protection of life found in the fifth commandment.[41] It is also noteworthy that verses 18–19 particularly address those most vulnerable in the community. Amos Yong helpfully reminds us that people with disabilities were often special objects of divine care and were also regularly associated with the poor, the oppressed, and the marginalized as is the case here.[42] While these groups are singled out, it is precisely because of their inclusion in the community of Israel that they are mentioned. They are to be afforded the same or greater godly and communal protections[43] as all others because they, too, are among the children of Israel. Exodus 22:21–24 helps inform both this passage and the previous one from Leviticus 19 and demonstrates the

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[41] Mark E. Braun, *Deuteronomy*, People's Bible Commentary (St. Louis: Concordia, 1995), 253.

[42] Amos Yong, *Theology and Down Syndrome: Reimagining Disability in Late Modernity* (Waco, TX: Baylor University Press, 2007), 23. Of further interest is how the Psalmist uses the blind, bowed down, sojourners, widow, and fatherless in parallel in Ps. 146:8–9 which suggests all these individuals were part of the same vulnerable group. See, also, Job 29:12–16 where Job claims he righteously cared for the poor, fatherless, dying, widows, blind, lame, and needy.

[43] Walter Brueggemann, *Deuteronomy*, Abingdon Old Testament Commentaries (Nashville: Abingdon, 2001), 253.

seriousness of transgressing God's command as he threatens those who mistreat widows and orphans with the *lex talionis* or law of retaliation.[44]

Admittedly, there is a great deal more that might be said concerning the context of each passage under consideration that goes far beyond disabilities. Still, it is clear that these brief passages do speak about some of the most vulnerable people in society among the people of Israel. In these verses, the blind, deaf, sojourner, fatherless, and widow are not the only persons Yahweh has in mind to protect. For example, to assert that someone with cerebral palsy would have been excluded from this group misses the overall point that is emphasized to the entire community of God's people summarized succinctly in Lev. 19:18, "you shall love your neighbor as yourself." This overarching theme is found not only in Leviticus but is affirmed by Jesus himself in Matt. 23:38–40 as one key to living as the people of God. David Tabb Stewart even argues that "'deaf and blind' stands in for an abstract category we might label 'disability' as there is no single term for it in biblical Hebrew."[45] This claim is significant as it essentially argues that the phrase "deaf and blind" is synecdoche for disabilities in general[46] which is especially relevant to this project. Lev. 19:14 and Deut. 27:18–19 could be considered

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[44] William W. Klein, Craig L. Blomberg, and Robert L. Hubbard, Jr., *Introduction to Biblical Interpretation* (Nashville: W Publishing Group, 1993), 276. It should also be noted that as time went on in Israel's history, some did indeed call this curse upon themselves by mistreating the poor and vulnerable in their midst. The prophets spoke specifically against such things and warned of divine judgement because these sins were occurring. See, for example, Amos 2:6–7, 8:4–6; Isa. 10:1–4; Jer. 5:28–29; Ezek. 18:10–13; Zech. 7:8–14.

[45] David Tabb Stewart, "Leviticus–Deuteronomy," in *The Bible and Disability: A Commentary*, ed. Sarah J. Mecher, Mikeal C. Parsons, and Amos Yong (Waco, TX: Baylor University Press, 2017), 74. See, also, Brueggemann, *Deuteronomy*, 253–354.

[46] Victor P. Hamilton writes similarly in his commentary on Exod. 22:21 regarding widows and orphans. "It is of no little interest that the Covenant Code can sandwich laws about the alien/widow/orphan/poor, the so-called *personae miserabilis*, between laws that focus on worshiping any God other than Yahweh…Idolatry or apostasy do not seem to be more detestable than riding roughshod over the most vulnerable people in a community." Victor P. Hamilton, *Exodus: An Exegetical Commentary* (Grand Rapids: Baker Academic, 2011), 412. Emphasis is original.

charitable law[47] which finds its roots in apodictic law or absolute law.[48] This means that the prohibition against the mistreatment of people with disabilities is not culturally bound but remains categorically—to this day—an affront to Yahweh.

The foundation from which Yahweh prescribes care, compassion, and love for those with disabilities, is his own holiness—that is, his own unique character and goodness. Yahweh's mandate for his people to reflect his holiness is demonstrated particularly in the love shown toward one's neighbor. This call to holiness, especially when viewed in conjunction to the treatment of people with disabilities, is to be understood in light of the Exodus event whereby Yahweh delivered his people in an act of total mercy and beneficence.[49] The motivation for keeping God's commands is frequently appended to the end of the command as is the case in Lev. 19:14 as Yahweh simply declares, "I am the LORD." This would call to mind both his holiness and the Exodus. Moreover, to demonstrate compassion, love, mercy, and justice to one's neighbor, especially to one's neighbor who was particularly vulnerable, was tantamount not only to holiness, but to even related to faith. All these things demonstrate that love and care for people with disabilities begin in the heart of God himself who sees those in need and hears their cries and is drawn to act—to provide, help, protect, and relieve—on behalf of those who are most vulnerable.[50]

Furthermore, the proper biblical and pastoral corrective for such sins in this sphere of life should be repentance and faith on the part of those who transgress God's law through the

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[47] Klein, Blomberg, and Hubbard, *Introduction to Biblical Interpretation*, 279. The authors note that there is a "timeless aspect" to several laws in the OT. I am arguing that is the case for these texts.

[48] Fiorello, *Physically Disabled in Ancient Israel*, 69. Patrick D. Miller also contends that the curses in Deuteronomy "have a sense of absoluteness implied." See Patrick D. Miller, *Deuteronomy*, Interpretation (Louisville: Westminster John Knox, 1990), 195. ProQuest Dissertations and Theses Global.

[49] Fiorello, *Physically Disabled in Ancient Israel*, 115.

[50] Fiorello, *Physically Disabled in Ancient Israel*, 70. See also, Exod. 3:7–8.

mistreatment of those who are most vulnerable. R. Reed Lessing argues that the proper corrective for this sinful behavior in the context of Amos ought to be focused upon, "*repentance* and *conversion*, not *revolution*"[51] This corrective rightly applies not only to the audience of Amos but finally to God's people of all times and places because it deals with sin and as such is a spiritual and theological problem and therefore is not a problem to be solved with a "political agenda of justice defined in socioeconomic terms."[52]

These two passages in Leviticus and Deuteronomy are among the clearest examples of God's desire and command against the cruel mistreatment of some of the most vulnerable persons among the people of God. However, the heart of the commandment is not merely a prohibition against sinful behavior and attitudes, but is a positive call toward loving one's neighbor as Leviticus 19:18 makes clear. The challenge is that prescriptive commands, such as the ones examined, rarely spell out all the ways in which either mistreatment might occur or how this neighborly love might be carried out in everyday life. Instead, God gives his people a certain amount of freedom and latitude as they seek to live as his people. Therefore, the next task of this chapter is to explore three descriptive passages in Scripture that take the words found in passages like Lev. 19 and Deut. 27 to heart and describe concrete, lived illustrations of such practices within biblical narratives.

Descriptive Texts (Narratives)

Three primary texts will be explored in this section which demonstrate some of the creative ways in which God's people sought to fulfill the law of Lev. 19 and Deut. 27. These texts include the account of David and Mephibosheth (2 Sam. 9:1–13), the Healing of the Paralytic

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[51] R. Reed Lessing, *Amos*, Concordia Commentary (St. Louis: Concordia, 2009), 180. Emphases are original.

[52] Lessing, *Amos*, 180.

(Mark 2:1–12), and Communal Sharing (Acts 4:32–37). These descriptive texts are necessary to aid us in better understanding specificity in loving neighbors with disabilities as Leopoldo Sánchez argues that "the law of God does not point us to the how of justice—that is to say, to its lived forms or expressions, which indeed are manifold and depend on our particular contexts of service where actual neighbors are cared for."[53] Unsurprisingly then, passages show that there is no one way to love one's neighbor who has a disability. Instead, in the power of the Spirit, the saints in these passages took God's command, the lives of their specific neighbors, and their own vocations seriously. Then they imaginatively and intentionally sought ways to love and bless those neighbors. My interpretation of these passages understands them as inspired and true accounts of history which are theologically valid. Therefore, I am intentionally avoiding being overtly critical of non-disabled people of God in their treatment of the persons with disabilities in these accounts. God's people surely made sinful mistakes in their (mis)treatment of people with disabilities, however, the biblical writers in these texts view the care given and received as generally positive and godly.[54] The interpretation offered for these texts is meant as a broad overview which attempts to take into account the meaning of each passage in context as well as how the text might help to responsibly shed some light upon one's understanding of disability theology and its practice as related to this project.

Second Samuel 9:1–13

> And David said, "Is there still anyone left of the house of Saul, that I may show him kindness for Jonathan's sake?" Now there was a servant of the house of Saul whose name was Ziba, and they called him to David. And the king said to him, "Are you Ziba?" And he said, "I am your servant." And the king said, "Is there not still

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[53] Leopoldo A. Sánchez M. "The Human Face of Justice: Reclaiming the Neighbor in Law, Vocation, and Justice Talk," *Concordia Journal* 39, no. 2 (2013): 118.

[54] As noted above, when God's people err in their treatment of people with disabilities, the prophets speak out against them.

> someone of the house of Saul, that I may show the kindness of God to him?” Ziba said to the king, “There is still a son of Jonathan; he is crippled in his feet.” The king said to him, “Where is he?” And Ziba said to the king, “He is in the house of Machir the son of Ammiel, at Lo-debar.” Then King David sent and brought him from the house of Machir the son of Ammiel, at Lo-debar. And Mephibosheth the son of Jonathan, son of Saul, came to David and fell on his face and paid homage. And David said, “Mephibosheth!” And he answered, “Behold, I am your servant.” And David said to him, “Do not fear, for I will show you kindness for the sake of your father Jonathan, and I will restore to you all the land of Saul your father, and you shall eat at my table always.” And he paid homage and said, “What is your servant, that you should show regard for a dead dog such as I?” Then the king called Ziba, Saul's servant, and said to him, “All that belonged to Saul and to all his house I have given to your master's grandson. And you and your sons and your servants shall till the land for him and shall bring in the produce, that your master's grandson may have bread to eat. But Mephibosheth your master's grandson shall always eat at my table.” Now Ziba had fifteen sons and twenty servants. Then Ziba said to the king, “According to all that my lord the king commands his servant, so will your servant do.” So Mephibosheth ate at David's table, like one of the king's sons. And Mephibosheth had a young son, whose name was Mica. And all who lived in Ziba's house became Mephibosheth's servants. So Mephibosheth lived in Jerusalem, for he ate always at the king's table. Now he was lame in both his feet.

In this passage King David asks if there is anyone left in the house of Saul to whom he might show “kindness/loyalty” (חֶסֶד). David asks this question twice. The first time, in verse 1, he shows concern for the promise he made to Jonathan in 1 Sam. 20:15.[55] But the second time in verse 3, he emphasizes his desire to show *God’s kindness* (again חֶסֶד) to someone in Saul’s house. A servant of the house of Saul, named Ziba, shared with David that a son of Jonathan was still alive, who was according to the textual translation, “crippled in his feet.” When Mephibosheth was summoned, he fell before David and asked in verse 8, “What is your servant, that you should show regard for a dead dog such as I?” David then restored the land of Saul to Mephibosheth, gave Ziba and his household to him as servants even to work the land, and brought him to Jerusalem where Mephibosheth enjoyed eating at the king’s table like one of his sons.

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[55] David also made a similar promise to Saul in 1 Sam. 24:21–22.

More than one commentator has observed that David's kindness shown to Mephibosheth was perhaps a clever ploy to keep a close eye on Saul's heir and to keep him in his good graces[56] because Mephibosheth was viewed as a possible threat to the throne.[57] However, even if he was a threat to the throne, the text indicates that David's reasons were more righteous. Especially given David's love for Jonathan and for the Lord as well as other instances in which David showed loving kindness, such allegations seem to misunderstand David's kindness and concern.[58] For example, in the very next chapter, David sent servants to Hunan, the king of the Ammonites, out of kindness/loyalty (again חֶסֶד) at the death of Hunan's father. The Ammonites misunderstand David's kindness by shaming and molesting David's servants. The narrative found in 2 Sam. 9 is one which paints a picture of David simply wanting to show love and kindness to someone in Saul's lineage. It would seem that mistrusting David's good intention in this passage goes beyond what the text is attempting to communicate. Mephibosheth is described as having "crippled feet" (נְכֵ֣ה רַגְלָֽיִם) in verse 3 and as being "lame in both his feet" (פִּסֵּ֖חַ שְׁתֵּ֥י רַגְלָֽיו) in verse 13. The text makes clear that David learned of Mephibosheth's father and his disabling condition before he revealed what sort of kindness to bestow on him. But it is impossible to say whether this information impacted David's generosity. He may have already in mind what he was going to do for whomever was found. What is clear is that even after learning of Mephibosheth's disability, David did not turn away from him. Instead, he generously provided for Mephibosheth and his entire household.

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[56] See, for example, David F. Payne, *I & II Samuel*, The Daily Bible Study (Philadelphia: Westminster, 1982), 197.

[57] See, for example, Amos Yong, *The Bible, Disability, and the Church: A New Vision of the People of God* (Grand Rapids: Eerdmans, 2011), 32–35.

[58] Walter Brueggemann, *First and Second Samuel*, Interpretation (Louisville: Westminster John Knox, 1990), 268.

This account comes immediately after a key verse at the conclusion of the previous chapter where we learn, "David was king over *all* Israel; and David was enacting justice and righteousness for *all* his people" (2 Sam. 8:15).[59] The emphasis on "all" should not be overlooked here. Mephibosheth, a man who had a disability from childhood,[60] is the first person to receive the godly justice and righteousness David began to enact as king. Not just anyone could provide for Mephibosheth in the way David did. Such lavish provision could likely have only come from a king. David, while not perfect, uniquely exemplifies just, right, and godly care for his neighbor, Mephibosheth, who in this case was a person with a disability. Andrew Steinmann summarizes the story well, "David serves as an example to Christians of faithful dealings with one's neighbor and fidelity to the true God, who has revealed his steadfast love for all, even the most disadvantaged, in Jesus Christ."[61]

Mark 2:1–12

> And when he returned to Capernaum after some days, it was reported that he was at home. And many were gathered together, so that there was no more room, not even at the door. And he was preaching the word to them. And they came, bringing to him a paralytic carried by four men. And when they could not get near him because of the crowd, they removed the roof above him, and when they had made an opening, they let down the bed on which the paralytic lay. And when Jesus saw their faith, he said to the paralytic, "Son, your sins are forgiven." Now some of the scribes were sitting there, questioning in their hearts, "Why does this man speak like that? He is blaspheming! Who can forgive sins but God alone?" And immediately Jesus, perceiving in his spirit that they thus questioned within themselves, said to them, "Why do you question these things in your hearts? Which is easier, to say to the paralytic, 'Your sins are forgiven,' or to say, 'Rise, take up your bed and walk'? But that you may know that the Son of Man has authority on earth to forgive sins"— he said to the paralytic— "I say to you, rise, pick up your bed, and go home." And he

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[59] This translation is my own. Emphasis is mine.

[60] See 2 Sam. 4:4.

[61] Andrew E. Steinmann, *2 Samuel*, Concordia Commentary (St. Louis: Concordia, 2017), 177.

> rose and immediately picked up his bed and went out before them all, so that they were all amazed and glorified God, saying, "We never saw anything like this!"

This account of the healing of the paralytic is recorded in all of the Synoptics.[62] It is certainly a passage that is taken up by those concerned with biblical disability theology. Quite often, no matter which of the Synoptic accounts is being investigated, there is a focus to some degree upon the relation between sin and disability. Non-disability theology scholars routinely argue for a positive correlation between sin and disability.[63] Disability scholars are sometimes openly hostile not only the idea of sin-disability conflation but to the text and Jesus himself.[64] However, even a cursory reading of this passage should make it clear that this story is first and foremost about Jesus—who he is and what has come to bring. The account is of high Christological character as demonstrated by Jesus' authority to forgive (verses 5, 10), his ability to perceive the thoughts of his opponents (verse 8), and his authority to heal (verses 11–12).[65] Jesus tends to both the spiritual and physical needs of the paralytic in striking fashion which leaves the scribes angry and the crowds glorifying God. The reign and rule of God has proleptically come in Jesus of Nazareth.[66]

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[62] See Matt. 9:1–8 and Luke 5:17–26.

[63] For example, James Edwards comments on Mark 2:5, "It appears possible that Jesus' address to the paralytic reflects knowledge of his particular sins, and their relationship to his paralysis." James R. Edwards, *The Gospel according to Mark*, The Pillar New Testament Commentary (Grand Rapids: Eerdmans, 2002), 77.

[64] For example, Candida Moss sharply criticizes Mark, Jesus, and the testimony they provide, "One cannot help but reach the conclusion that there is no room for disability in the kingdom of God and that salvation and sickness are mutually exclusive." She goes on to say, "the Jesus that traverses ancient Galilee eradicates impairment and that impairment is repeatedly linked to sin and disgrace." Candida C. Moss, "Matthew and Mark," in *The Bible and Disability: A Commentary*, ed. Sarah J. Mecher, Mikeal C. Parsons, and Amos Yong (Waco, TX: Baylor University Press, 2017), 284. See, also, Eiesland, *The Disabled God*, 70–72.

[65] See, also, James W. Voelz, *Mark 1:1–8:26*, Concordia Commentary (St. Louis: Concordia, 2013), 194.

[66] Much could be said regarding the eschatological character of passages such as this one. However, such a discussion is beyond the scope of this chapter. Any complete discussion on a confessional theology and practice on disability would wisely include eschatology.

This text is unusual since in several accounts of healing, the person being healed usually appears to be alone.[67] Here, the paralytic is accompanied by four men who go to extraordinary lengths to care for him, indeed to love him, by carrying him, figuring out a way to open the roof, and creating a contraption to lower him through the roof—all in order to place the man where he needs to be—in the presence of Jesus. This passage is also remarkable because Jesus actually forgives the sins of the paralytic *because*[68] of the faith of the men who managed to place him at the feet of Jesus.[69] In all three of the Synoptics, Jesus' forgives the paralytic on account of "their faith." While this aspect is not the focal point in the narrative, it should at least cause Christians to recall Leviticus 19 which implies that faith is connected in some way to the holy actions of loving one's neighbor, particularly one's neighbor who has a disability. Jesus validates this understanding as he commends the four men for exemplifying profound faith which is bound up with their love for a person with disabilities along with confident trust in Jesus' healing power and compassion.[70] And they demonstrate this faith and love in a highly creative and compassionate manner.

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[67] Mary Ann McColl and Richard S. Ascough, "Jesus and People with Disabilities: Old Stories, New Approaches" *Journal of Pastoral Care & Counseling* 63, no. 3 (2009): 8.

[68] Jeffrey Gibbs argues in the parallel account in Matt. 9:2 that the predicate position participle, ἰδὼν, in the Greek construction, καὶ ἰδὼν ὁ Ἰησοῦς τὴν πίστιν αὐτῶν, should be understood with a causal force rather than merely temporal based upon several features in the context. The exact same Greek construction is present here in Mark 2:5 along with the same basic contextual features mentioned by Gibbs and may also be understood causally. See Jeffrey A. Gibbs, *Matthew 1:1–11:1*, Concordia Commentary (St. Louis: Concordia, 2006), 454. R. T. France, while not commenting specifically on the Greek in Mark, also seems to understand this causal force as he comments on the meaning of the text in Mark 2:5. See R. T. France, *The Gospel of Mark: A Commentary on the Greek Text*, The New International Greek Testament Commentary (Grand Rapids: Eerdmans, 2002), 124.

[69] Healing of one person does occur because of the faith of another on occasion. For example, see Mark 5:21–43 and Mark 7:24–30. However, this is the only case in which Jesus forgives the sins of one person on account of the faith of others in this way. It is also one of perhaps only two passages in which healing and forgiveness are associated to this degree (c.f. John 5:14).

[70] R. T. France, *Gospel of Mark*, 123–24.

Acts 4:32–37

> Now the full number of those who believed were of one heart and soul, and no one said that any of the things that belonged to him was his own, but they had everything in common. And with great power the apostles were giving their testimony to the resurrection of the Lord Jesus, and great grace was upon them all. There was not a needy person among them, for as many as were owners of lands or houses sold them and brought the proceeds of what was sold and laid it at the apostles' feet, and it was distributed to each as any had need. Thus Joseph, who was also called by the apostles Barnabas (which means son of encouragement), a Levite, a native of Cyprus, sold a field that belonged to him and brought the money and laid it at the apostles' feet.

The church is just getting started in Acts 4. Up to this point, Jesus has ascended, the Holy Spirit has been given at Pentecost, healings continue through the apostles, the church continues to face opposition by the same group that crucified Jesus, and the preaching of the gospel cannot be silenced. At the end of chapter 2, Luke has already shared what life in the early church looked like, including that believers "were selling their possessions and belongings and distributing the proceeds to all, as any had need" (Acts 2:45). So why at the end of chapter four does Luke repeat what he has already clearly stated?

This passage is but one example of Luke repeating something as a point of emphasis. The story of Joseph's/Barnabas' (hereafter, Barnabas) attitude of generosity is contrasted by the ungodly attitude of Ananias and Sapphira recorded immediately following in Acts 5:1–11.[71]

In this second account of communal sharing, Luke "is making the striking, controversial claim that the early Christian movement was, in effect, the true covenant community that God had always intended to set up."[72] This is demonstrated in verse 34 as the literal fulfillment of Deut. 15:4, "But there will be no poor among you." In this context, the people of God saw

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[71] I. Howard Marshall, *The Acts of the Apostles: An Introduction and Commentary,* Tyndale New Testament Commentary (Grand Rapids: Eerdmans, 1980), 107–08.

[72] N. T. Wright, *Acts for Everyone, Part 1: Chapter 1–12,* The New Testament for Everyone (Louisville: Westminster John Knox, 2008), 75.

themselves as more than friends or acquaintances who got together for worship once a week. They viewed one another as family.[73] They lived as Lev. 19:18 called them to live, by loving their neighbors as themselves because they "were of one heart and soul" (Acts 4:32).

Especially in capitalist societies, such a generous communal act of sharing is often explained away in some fashion. Certainly, such a system was not without problems as demonstrated by Ananias and Sapphira as well as later in Acts 6:1 where the human shortcomings of poor administration, neglect, and grumbling are highlighted. To be fair, this passage is not focused so much upon *prescribing* how Christians must provide for the needy in their midst. Instead, the enduring quality of the text draws one's attention to their unity and selfless attitudes. That they sold their land and possessions was simply one way in which they practiced the Christian way of life and faith. Barnabas (meaning "son of encouragement") is mentioned specifically as he served as an exemplar of this generous and faithful conduct (as opposed to Ananias and Sapphira).

Acts 6:1 shows clearly that at least some of those who benefited from this communal sharing were widows. Given that much of Jesus' ministry focused upon the poor, marginalized, outcast, and people with various illnesses and disabilities it is hard to imagine that these same people did not also benefit in some way from the distribution of such funds.[74]

Could such exemplary, selfless giving and care for the needy be accomplished in other ways? Yes, to be sure, it has been and continues to be done in other ways. This passage highlights how the first Christians creatively sought a way to fulfill their callings as God's

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[73] Wright, *Acts for Everyone, Part 1*, 46.

[74] The veracity of this claim is substantiated by some of the historical examples found in the early church below.

people in their own culture and context. This practice continued even beyond Jerusalem and Acts and is attested to in Paul's letters.[75]

Finally, it should not be forgotten that along with generous and selfless care for one another, the proclamation of the gospel remained essential (Acts 4:33) along with other marks of the church that included teaching and learning from the apostles, fellowship, the breaking of bread (the Lord's Supper),[76] and prayer (Acts 2:42).

Care for People with Disabilities in the Early Church

It is clear that the practices of the first Christians described in the book of Acts continued in the early church. Of the accounts that are explicitly mentioned regarding the Christian care of those with disabilities of some kind, Alvin J. Schmidt identifies Benignus of Dijon (late second century), who was a student of Polycarp, as one who provided and cared for deformed or disabled children after failed abortions or for those left to die from exposure. This dear saint was martyred specifically *because* of his care for these children, which was loathsome to the eyes of Roman culture.[77] Schmidt also offers that early Christian writings are replete with examples of Christians adopting "throw-away children."[78] It would certainly seem from some of the historical evidence available that there would have been no shortage of such children in either Greek or Roman culture.[79] In *Apology* 39, Tertullian describes the "treasure chest" to which Christians

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[75] See, for example, Rom. 15:25–29, 2 Cor. 8:1–9:15.

[76] F. F. Bruce, *The Book of Acts*, Rev. ed., The New International Commentary on the New Testament (Grand Rapids: Eerdmans, 1988), 73.

[77] Alvin J. Schmidt, *Under the Influence* (Grand Rapids: Zondervan, 2001), 53, 153.

[78] Schmidt, *Under the Influence*, 53.

[79] Matthew Parry gives a very helpful overview and synopsis including many citations of primary sources of the laws and practices of Greek and Roman culture toward people with disabilities. See Matthew Parry, "From Monsters to Patients: A Disability History," Ph. D. diss., Arizona State University (2013): 120–37. ProQuest Dissertations and Theses Global.

contributed without compulsion and only if one was able. These funds were disbursed according to individual needs to support and bury the poor, and to supply the needs of destitute children and orphans, the sick, the physically disabled, the elderly, and those who were persecuted and/or imprisoned on account of their faith.[80]

From what has been examined so far biblically and historically, it appears that God's people of all times took seriously his provision and protection for the most vulnerable people in society, which included people with disabilities. Like today, abuse of these people occurred even within the church. Such behavior was rightly condemned because it flew in the face of what God had expressly commanded. The violation of these protections rightly called for repentance and faith on the part of the transgressors not merely because it harmed people with disabilities and other vulnerable persons in the community, but because it was an affront to God himself and therefore was a spiritual and theological issue not only of behavior but of the heart.[81] I believe the texts which have been examined sufficiently demonstrate active righteousness as one appropriate doctrinal locus for understanding disability theology including how to love people with disabilities and their families. Each of the descriptive texts under consideration has highlighted creative and imaginative ways to show neighborly love in specific vocational contexts. David's vocation as king allowed him to uniquely love and care for Mephibosheth in his vocations as Jonathan's son, Saul's grandson, as a person who had a disability, and as a person in need. The paralytic's companions took their vocations as friends or acquaintances of the paralytic in the community of Capernaum and as faithful Jews using their strength and ingenuity to get the man to Jesus. Jesus used his vocation as Messiah to tend to the physical and spiritual needs of the

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[80] Schmidt, *Under the Influence*, 125–126; Adolph Harnack, *The Mission and Expansion of Christianity in the First Three Centuries*, trans. James Moffat (New York: Putnam's Sons, 1908), 153, 160–61.

[81] Lessing, *Amos*, 180.

paralytic by forgiving his sins and healing him.[82] Barnabas used his vocation as a landowner to provide for individual needs of the poor. The apostles and the deacons used their vocations to disperse the funds and provisions appropriately. In other words, these texts have demonstrated that one's vocation informs neighborly love toward people with disabilities in their own unique vocations. It is to active righteousness and vocation that we now turn.

Active Righteousness and Vocation in Lutheranism

Charles Arand and Joel Biermann have written an extremely helpful article which articulates the doctrine of the two kinds of righteousness[83] as it relates to Christian vocation.[84] The doctrine of the two kinds of righteousness essentially differentiates between justification or passive righteousness before God (*coram Deo*) and sanctification or active righteousness toward one's neighbor and the creation (*coram mundo*). Passive righteousness "before God flows from God's activity toward us."[85] This righteousness is accomplished "through the self-sacrificial death and resurrection of [Jesus]"[86] and is received as a pure gift of grace. Active righteousness "expresses itself in performing the deeds of God's plan for human life"[87] as Christians "incarnate their faith and hope in loving service to the neighbor."[88] Through this emphasis the Reformers "recovered the value of ordinary activities (and with it the proper role of human ability) of daily

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[82] See Isa. 61:1–3; Luke 4:16–21, 7:18–23; Matt. 15:29–31.

[83] See Figure 2.1 below for a commonly used visual representation of these related doctrines.

[84] Charles P. Arand and Joel Biermann, "Why the Two Kinds of Righteousness?" *Concordia Journal* 33, no. 2 (2007): 116–135.

[85] Arand and Biermann, "Two Kinds of Righteousness," 119.

[86] Arand and Biermann, "Two Kinds of Righteousness," 119.

[87] Robert Kolb, "Luther on the Two Kinds of Righteousness; Reflections on His Two-Dimensional Definition of Humanity at the Heart of His Theology," *Lutheran Quarterly* 13, no. 4 (1999): 452.

[88] David Lumpp, "Luther's 'Two Kinds of Righteousness': A Brief Historical Introduction," *Concordia Journal* 23, no. 1 (1997): 37–38.

life within our vocation as the sphere within which we try to live as God intended."[89] As Christians seek to live righteously in the world in light of their righteousness before God they are given freedom and responsibility to determine how to best love their neighbors in "the specific challenges and questions of daily life."[90] Here the new man is free to do the work given to him by God joyfully and without compulsion.[91] Christian love is able "to do and bear all that is required by vocation but does it gladly and without resistance."[92]

From a confessional Lutheran perspective, it should be stated that the two kinds of righteousness find significant emphasis in the Confessions of the Lutheran Church. Arand and Biermann claim that the doctrine of the two kinds of righteousness figured so prominently in Melanchthon's mind that "it shaped the entire theological argument in the *Apology to the Augsburg Confession*."[93] Luther also addressed both the two kinds of righteousness and vocation in numerous works.[94]

Even as the Reformers in the sixteenth century needed to address the two kinds of righteousness because human works were elevated to an ultimate, salvific level,[95] today this distinction remains important in the area of disability theology. Perhaps too often the way the church formally or informally addresses people with disabilities becomes the litmus test for its orthodoxy in the minds of those who care deeply about the topic of disabilities and the people it

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[89] Arand and Biermann, "Two Kinds of Righteousness," 116. See, also, Lumpp, "Luther's 'Two Kinds of Righteousness,'" 38.

[90] Arand and Biermann, "Why the Two Kinds of Righteousness?" 119.

[91] Gustaf Wingren, *Luther on Vocation*, trans. Carl C. Rasmussen (Eugene, OR: Wipf & Stock, 2004), 62.

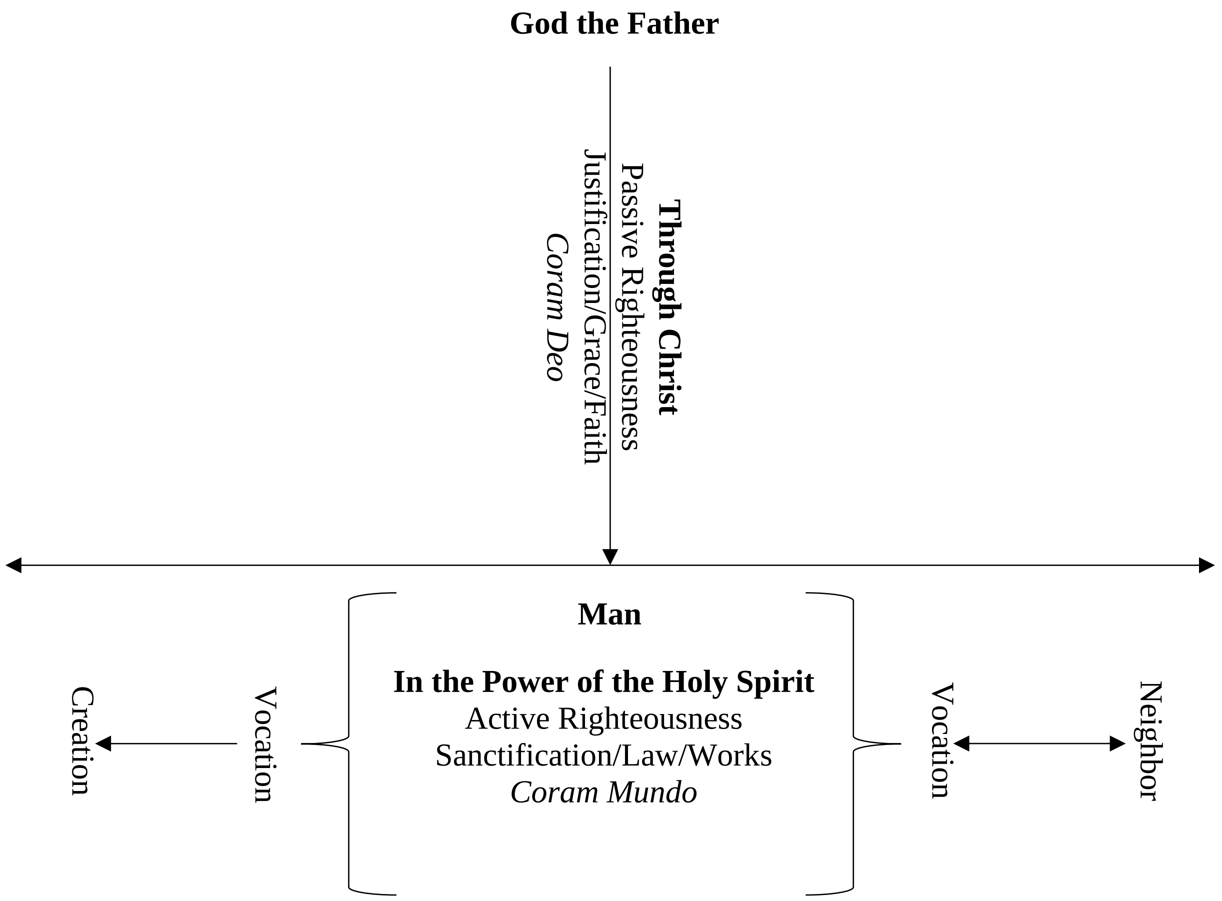
[92] Wingren, *Luther on Vocation*, 64.

[93] Arand and Biermann, "Why the Two Kinds of Righteousness?" 117.

[94] See, for example, *LW* 26:4–12, 169, 280–81; 31:297–300; 32:235; 34:37. See also, Arand and Biermann, "Why the Two Kinds of Righteousness?" 117. See also, Kolb, "Luther on the Two Kinds of Righteousness," 449–466; Lumpp, "Luther's 'Two Kinds of Righteousness,'" 27–38.

[95] Arand and Biermann, "Why the Two Kinds of Righteousness?" 120.

Figure 2.1. Traditional Two Kinds of Righteousness and Vocation Framework



involves. This is perhaps another way in which human righteousness or human failures receive ultimate status. To be sure, loving one's neighbor and loving one's neighbor who has a disability is important, but it is not ultimate. Sinful failures require repentance and faith in the one who justifies sinners. The vertical relationship between God and sinners through Christ Jesus is what is finally ultimate and salvific. Although they do not specifically use this language, this is what Mueller and Kraus emphasize as the fundamental truth and ultimate need of all sinful human creatures regardless of their abilities or disabilities. *All are deficient without Jesus*.[96] Loving

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[96] See, for example, Rom. 3:23–24; 5:12, 21; 6:23; 11:32.

one's neighbor is the proper response to the forgiveness and grace God's people freely receive as passive recipients. This call to love one's neighbor in response to the Gospel extends to all those who are in Christ—no matter their abilities or disabilities.

The doctrines of the two kinds of righteousness and vocation closely parallel the prescriptive passages of Leviticus 19 and Deuteronomy 27 where God's people are called to be holy and to love their neighbors according to his command because God is holy. God's incomparable holiness is demonstrated chiefly in the Old Testament through the Exodus event. Today that holiness is also given as a gift of grace and mercy on account of the death and resurrection of Jesus through the forgiveness of sins. Similarly, in light of God's gift in Christ, his people are called to love one another in their special stations in life, namely, their vocations. Christians are invited to learn, pray about, and discern various ways in which they may be able to live out their callings in imaginative and intentional ways.

Imaginative and Intentional Specificity

Luther once claimed, "True theology is practical, and its foundation is Christ."[97] Commenting on the Reformers and their understanding of the relationship between the theological and the practical and building upon Luther's comment, Charles Arand writes:

> Doctrine is not abstract theory to be contrasted with practical skills and how-to steps for daily living. If anything, the Reformers (and the church fathers before them) viewed doctrine as pastoral care. This is what made the study of doctrine important. This is why they were willing to engage (however reluctantly) in doctrinal debates. Doctrine provides the Christian with a diagnosis of the innermost needs of human beings. It provides a framework for interpreting life and the experiences of life in the light of the triune work of God. Doctrine provides a foundation for faith and life in

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[97] Martin Luther, "Table Talks," ed. Theodore G. Tappert, vol. 55, *Luther's Works* (Philadelphia, PA: Fortress Press), 22.

> order to make sense of a world that often seems confusing and meaningless. Most importantly, it brings God and his gifts into our very lives.[98]

This means the theology informing this project is not a mere academic exercise. This project involves real people who need pastoral care and guidance. How does one move theologically from a Christological foundation toward a practical theological outcome for the sake of a person with disabilities and his or her family? The challenge in the field of disabilities, and in many other fields that wish to explore meaningful practices of sanctification, is related to the simple but difficult question, "How?" How do I appropriately use my vocation in relation to a person with disabilities? Leopoldo Sánchez addresses this problem and proposes an answer, "Vocation itself, like law, can easily become a static—indeed, lifeless—concept unless it is subordinated to some living neighbor."[99] Sánchez makes a keen observation regarding vocation here, namely, that vocation too often remains a *concept* in theological discourse. What vivifies vocation? The Holy Spirit does so by directing one Christian person to a specific person, a specific neighbor. This neighbor-oriented perspective, as Sánchez calls it,[100] is quite similar to how I am using the phrase "person-centered" for this project.

Within the sphere of passive righteousness, we have a helpful distinction between general revelation and specific/special revelation.[101] In general revelation human creatures may learn something about God, namely of his existence, for example, through his creation.[102] Most would

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[98] Charles P. Arand, *That I May Be His Own: An Overview of Luther's Catechisms* (St. Louis: Concordia Academic, 2000), 114.

[99] Sánchez, "Human Face of Justice," 119.

[100] Leopoldo A. Sánchez M., *Sculptor Spirit: Models of Sanctification from Spirit Christology* (Downers Grove: IVP Academic, 2019), 133; Sánchez, "Human Face of Justice," 117.

[101] For more a more detailed treatment of general and specific/special revelation in the sphere of passive righteousness, see *The Natural Knowledge of God in Christian Confession and Witness*, a Report of the Commission on Theology and Church Relations (St. Louis: The Lutheran Church—Missouri Synod, 2013).

[102] See Rom. 1:20.

agree that general revelation is good, but it is not sufficiently specific to be salvific. Sinful human creatures need the Spirit's specific or special revelation about a person, namely, Jesus of Nazareth for revelation to be *efficacious for salvation*.

It occurs to me that it could be beneficial borrow the concepts of generality and specificity from the sphere of passive righteousness and apply them to the sphere of active righteousness. Of course, there are obvious and clear differences between the efficacy in each sphere. Within passive righteousness the efficacy of specificity applies strictly to one's *salvation*, whereas within active righteousness the efficacy of specificity applies strictly to one's *neighbor*. We might say, neighbor-oriented specificity does not save but rather serves. My hope in suggesting the concepts of generality and specificity is not to further confuse sanctification but to clarify it. The idea is to associate generality and specificity in passive righteousness and active righteousness only to the extent that it helps us recognize specificity trumps generality in both spheres. It is hoped that an emphasis on specificity in both spheres will be a way to aid God's people to move toward a more robust *practice* of sanctification in the lives of actual neighbors.

Sánchez's recent work, *Sculptor Spirit*, aids in nurturing this neighbor specific approach in theology and practice. He shares five models which are shaped and informed by biblical and historical sources and which offer concrete, Spirit-filled attitudes and behaviors which ought to be explored, practiced, and refined among Christians in the realm of sanctification. The goal of these models is to aid Christians in putting sanctification to work in their lives by helping them intentionally and imaginatively love and serve specific neighbors in their midst. Two models stand out as being especially relevant to this project, namely, the Sacrificial model and the Hospitality model.

The Sacrificial model is centered upon mutual service and the sharing of life's joys and challenges. It is in keeping with the Paul's instruction for Christians to have the same mind as that of Christ Jesus, looking not only "to his own interests, but also to the interests of others" (Phil. 2:4) and does so "[b]y focusing on the shaping of minds after Christ's servant attitude."[103] The shaping of minds necessarily requires knowledge, and in this case focuses primarily upon "a deeper knowledge of neighbors and their needs."[104] As such, this model promotes a great deal of listening and learning that happens most naturally through visitation and relationships.[105] In order to accomplish this goal to put neighborly love into practice in our respective vocations, "we need the Spirit of Christ, who moves us from the *what* to the *how* of the Law of God, from hearing the command as a universal call to applying it for a particular neighbor in his or her specific situation."[106] Finally, this model guards against both romantic and utilitarian views of one's neighbor which are not only unhealthy but sinful.[107] A romantic error views the neighbor in a way that diminishes him and his (often difficult) life and experiences to that of a role model to imitate. Strangely, romanticism often pairs feelings of pity with admiration in the realm of disabilities. A utilitarian error objectifies and dehumanizes one's neighbor by viewing him as a means to benefit oneself, for example, spending time with a person with disabilities strictly for selfish reasons like fulfilling volunteer hours or to improve a job resumé. Notice that both romanticism and utilitarianism err because they are self-oriented rather than neighbor-oriented.

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[103] Sánchez, *Sculptor Spirit*, 115.

[104] Sánchez, *Sculptor Spirit*, 135.

[105] See Sánchez, "Human Face of Justice," 124; see also note 65 in Chapter Three below.

[106] Sánchez, *Sculptor Spirit*, 134. Emphases are original.

[107] Sánchez, *Sculptor Spirit*, 115, 136–40.

The Hospitality model of sanctification fits well with the field of disabilities since it advocates for kindliness to those different than oneself, that is, toward the "other."[108] Sánchez offers that this model describes "a loving disposition toward marginalized and vulnerable neighbors."[109] In Scripture and in the ancient church, hospitality (in the simplest terms possible) meant the love of strangers.[110] The emphasis upon marginalized and vulnerable people regarding hospitality was something that set early Christians apart from the rest in society. Pohl's comments are instructive on this point,

> Hospitality, because it was such a fundamental human practice, always included family, friends, and influential contacts. The distinctive Christian contribution was the emphasis on including the poor and neediest, the ones who could not return the favor.[111]

There is a character of mutuality and interdependence that occurs among strangers in the practice of Christian hospitality which, "testif[ies] to the Spirit's work of bringing diverse parties into solidarity."[112] Finally, hospitality recognizes that as human creatures, God created us to "crave belonging and acceptance" and "a common need for friendship"[113] while gaining deeper knowledge of what it is like to live in someone else's shoes, someone who may be very different than oneself, in order to better attend to that person's need for friendship and belonging.

I perceive dangers for this model which were not present in the Sacrificial model as Christians seek to practice hospitality with fellow Christians with disabilities. First, hospitality

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[108] Others in the field of disability theology have advocated for hospitality. For example, see Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids: Brazos, 2008).

[109] Sánchez, *Sculptor Spirit*, 144.

[110] This is the literal meaning of φιλοξενία, although it is often translated as "hospitality." Its only two nominal uses occur in Rom. 12:13 and Heb. 13:2. The adjectival use of φιλόξενος, "hospitable," occurs only in 1 Tim 3:2, Titus 1:8, and 1 Pet. 4:9.

[111] Christine D. Pohl, *Making Room: Recovering Hospitality as a Christian Tradition* (Grand Rapids: Eerdmans, 1999), 6.

[112] Reynolds, *Vulnerable Communion*, 241.

[113] Sánchez, *Sculptor Spirit*, 159.

can have a tendency to emphasize differences and otherness because it readily looks to love those people. Some people with disabilities may be offended that the practice of hospitality is aimed toward them *because* of these perceived differences. All Christians—with and without disabilities—should extend grace and understanding toward one another even as both seek to show hospitality to the other. Rightly, hospitality recognizes there are people who experience alienation, stigmatization, and exclusion. But Christians might also recognize that some people with disabilities have these experiences at the hands of the very people who desire to alleviate alienation, stigmatization, and exclusion.

Secondly, we might ask if any Christian ought to be considered a stranger and outsider within a single congregation? I wonder if our daughter, Zoe, who has attended worship every single week of her life—except for those times when she has been sick or hospitalized—is really a stranger or an outsider in a strict sense? Our congregation is *her church home*. How is one a stranger at home? Who is the stranger in our context? Thankfully, one goal of Christian hospitality includes brothers and sisters in Christ growing and learning together with the result that in time, we perceive one another and live together as we really are— "one in Christ Jesus." Until that day, I pray the words of Stephanie O. Hubach, "May the day come when people with disabilities are not strangers to the church."[114]

Finally, Paul advocates both models and holds them together in one verse. Loving without hypocrisy (Rom. 12:1) means, "sharing in the needs of the holy ones, pursuing the love of strangers" (Rom. 12:3).[115] We seek the same as we aim to put these activities into practice. Figure 2.2 below attempts to visualize what such a framework might look like as a whole.

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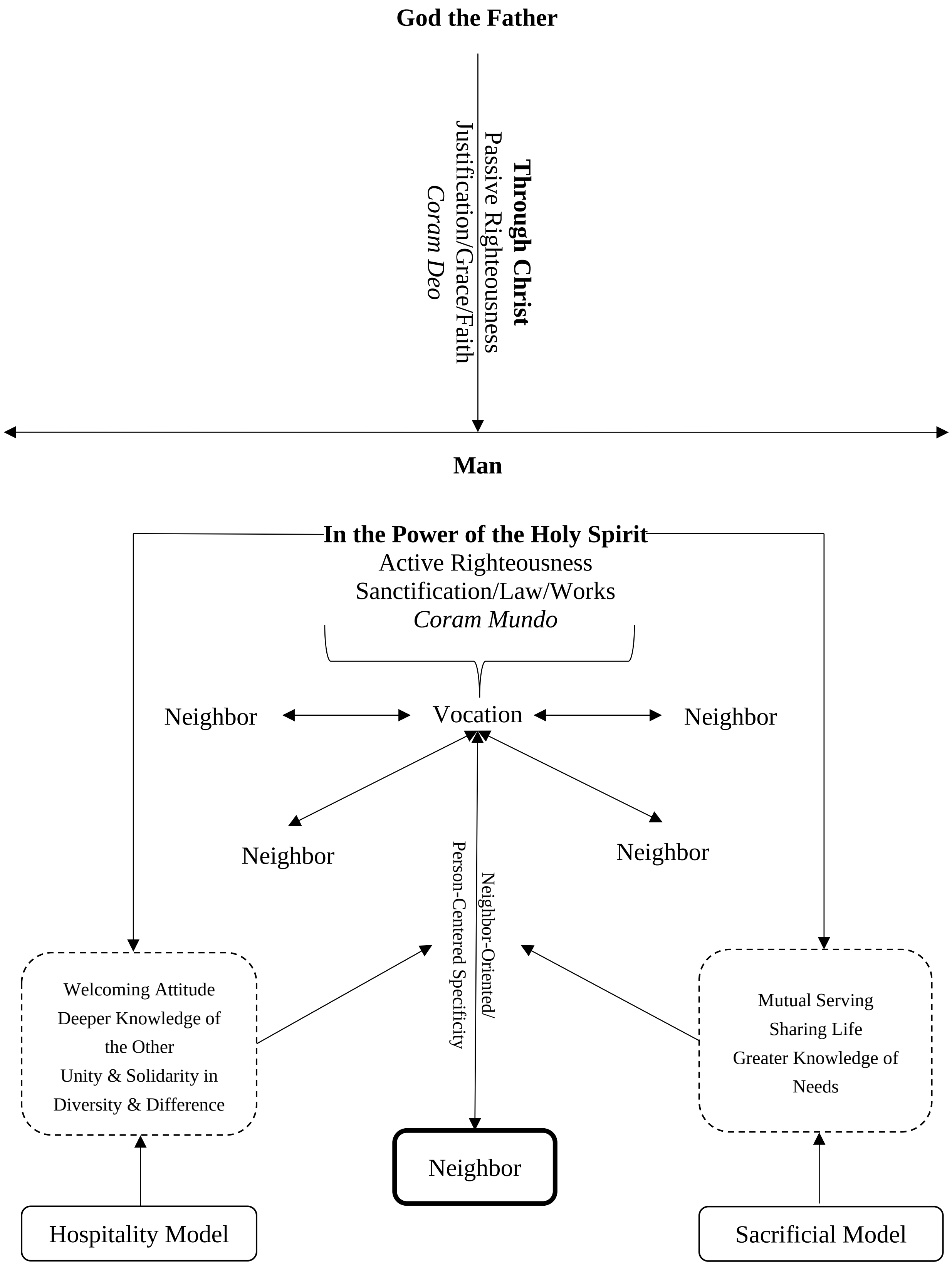
[114] Stephanie O. Hubach, *Same Lake, Different Boat: Coming Alongside People Touched by Disability*, Rev. ed. (Phillipsburg, NJ: P&R, 2020), 167.

[115] This translation is my own.

Figure 2.2. A Confessional Lutheran Theology and Practice of Disability Framework



Conclusion

Some may wonder why so much time and effort was spent upon building a firm foundation for loving people with disabilities and their families in this chapter when some of the conclusions addressing “friendship,” “belonging,” or “hospitality” may have already been proposed elsewhere. Why bother addressing prescriptive and descriptive texts in the Bible, the two kinds of righteousness, vocation, and models of sanctification—and in that order? How does my proposed framework regarding neighbor-oriented specificity differ from contextual models of disability theology, some of which assert that the needs of a person with disabilities ought to dictate all the church does? So what?

A firm theological foundation matters.[116] The order in which a building is built upon that foundation matters. The foundation I have proposed begins with God’s Gospel action in the world and climaxes in Jesus, in agreement with 1 Cor. 3:11, “For no one can lay a foundation other than that which is laid, which is Christ Jesus.” The sins of all people must be nailed to his cross for forgiveness. His resurrection gives us hope that sin and death in this world will not get the last word. With our Lord as the foundation, and his Word and truth building upon that foundation,[117] we can avoid some of the scandalous errors sometimes made in this field which may pit God (as he reveals himself in his Word) against people with disabilities or (perhaps worse) against himself. Such a divided building cannot stand, as Jesus himself affirms.[118] In his Word, God invites us to consider ways in which we might honor and esteem a specific neighbor with disabilities with our creative and intentional love and affection. But he also gives us boundaries as he seeks to guide such care away from sin and toward the (active) righteousness he

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[116] See Matt. 7:24–25. Jesus states that the foundation of the house (namely, his words) matters.

[117] See Eph. 3:20.

[118] See Mark 3:25.

describes. No doubt, we sinfully fail as we seek to live out our vocations. And when we sin in failing to live out our vocations in sanctified ways, our Lord invites us to deal with one another with grace and forgiveness even as he does with each of us through his Son.[119] So, then, "Let each one take care how he builds" (1 Cor. 3:10). For the Day will disclose each one's work—mine included.[120]

While this topic has not been treated, previously, from a confessional Lutheran perspective in any substantial way, there is ample treatment on loving people with disabilities in current literature on disability theology and the Scriptures. Furthermore, the church's existing doctrine as expressed in the two kinds of righteousness and in vocation informed by a Spirit-filled, neighbor-oriented/person-centered model of sanctification can be aptly applied to address this topic. God's special protection for the most vulnerable of his people springs forth from his own heart and holiness. In both the Old and New Testaments, his people respond to his gracious calling to love their neighbors with disabilities in creative and intentional ways while seeking to better understand the spiritual, emotional, and physical needs of those neighbors. The church has long recognized the doctrines of active righteousness and Christian vocation as proper ways to think and act upon loving one's neighbors. And we continue to work toward a more vigorous practice of sanctification.

These insights warrant teaching a person-centered disability awareness seminar in a congregational context. The purpose of the seminar is to aid the love of one's neighbor with a disability through Spirit-filled virtues lived out in one's vocational callings and responsibilities in uncomplicated but intentional ways.

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[119] Carter, "Problem of Vocation," 21.

[120] See 1 Cor. 3:13–15.

A theological foundation has been proposed to address the research question, “How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?” Answering that question begins with God as he has revealed himself in his Word. That Word has directed Christians to consider the unique circumstances of people with disabilities, their families, and non-disabled Christians to aid his church in doing what he desires. The next chapter, which examines the perspective of current research, will be particularly beneficial as it concentrates especially on people with disabilities, their families, and congregations.

CHAPTER THREE

THE PROJECT IN THE CONTEXT OF RECENT RESEARCH

Introduction

Whereas the study of disability theology in the previous chapter is necessarily complex because of the myriad of scholarly voices who approach the subject from different fields and religious backgrounds, exploring the relationship between congregations and people with disabilities and their families is complex primarily because each person with disabilities, each family of a person with disabilities, each congregation, and each individual in that congregation is unique. Yet, there is much to be gained from recent research which focuses upon the dynamics regarding people with disabilities and their families in a congregational context. This research will aid in answering the research question, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?" for this Major Applied Project.

All voices in recent research acknowledge problems exist regarding the relationship between the church and people with disabilities and their families. The research in this area has helped to identify not only what problems exist but also possible solutions to mitigate these problems. Thankfully, I believe solutions to mitigate these problems are not overly complex and are useable in any congregation of any denomination. But any solution requires time, effort, and intentionality. And yet, even with promising and seemingly attainable solutions to the identified problems, more needs to change where it truly matters—in the lives of congregations and people with disabilities and their families.

I will explore several aspects of the challenges brought to light by recent research involving congregations, the church, and people with disabilities and their families. First, I will address *what* problems exist between congregations and people with disabilities and their families and seek to answer *why* these difficulties occur based upon research and our family's personal experiences. In this section, I will also explore the social and historical contexts in which these problems emerged. Next, I will analyze the literature and practical disability ministry guides to clarify *how* identified problems in this field might best be mitigated. Third, I will describe one model from the secular realm, Charting the LifeCourse, which puts important aspects of the "*how*" into practice. Finally, I will seek to demonstrate the originality of this Major Applied Project, its need in this field of research, and that recent research warrants teaching a person-centered disability awareness seminar with the purpose of improving the attitudes and relational engagement of members of my congregation toward the person about whom the seminar is centered.

It is hoped that these insights might not only help answer the research question for this Major Applied Project, but that they will also assist other pastors, congregations and people with disabilities and their families to accomplish the laudable, noble, and godly task of being the Body of Christ through mutual support, care, friendship, and love.

What Is the Problem and *Why* Does It Exist?

What exactly is the problem in the church between congregations and Christians with disabilities and their families? As argued in the previous chapter, there is a chasm which exists between most people with disabilities and most people without disabilities.[1] This chasm or divide is especially evident in the practices of congregations when compared to the experiences of people with disabilities and their families. The nomenclature used in the literature to describe

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[1] Preus, "Worlds We Construct," 5.

how this chasm or divide is manifested in congregational life is most often identified as a lack of meaningful *inclusion* or *belonging* of people with disabilities and their families within local congregations.[2]

Erik Carter has done a great deal of research at the intersection of faith and people with disabilities and their families. In his research, he identifies multiple dimensions of belonging voiced by people with disabilities and their families which depict what it means to be truly included in a community of faith. The dimensions of belonging he identifies are as follows: to be present, invited, welcomed, known, accepted, supported, cared for, befriended, needed, and loved.[3] I would suggest a simplistic, non-technical, and wholistic way to understand these dimensions of belonging would be the colloquial notion of feeling *at home*. My brother, Andrew R. Jones, has suggested that home simply means comfort. But in a Christian context it also involves the church, that is, the people of God who have been given the Holy Spirit whose very name is Comforter.[4] Even though Carter's dimensions of belonging are not exhaustive and may not be universal,[5] they are a helpful place to begin to understand what inclusion and belonging mean in a generalized congregational context.[6]

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[2] A lack of "inclusion" is the most popular word to describe the problem in my field of study, however, its use in this Major Applied Project is limited in scope to how it concerns people with disabilities and their families. I realize the term is also applied other more controversial social and theological issues of our day. Some scholars have begun to emphasize "belonging" instead of "inclusion" seemingly for both its accuracy and to avoid confusion with the meaning of "inclusion" in other contexts.

[3] Erik W. Carter, "A Place of Belonging: Research at the Intersection of Faith and Disability," *Review and Expositor* 113, no. 2 (2016):167–80. See also Erik W. Carter, Elizabeth E. Biggs, and Thomas L. Boehm, "Being Present Versus Having a Presence: Dimensions of Belonging for Young People with Disabilities and Their Families," *Christian Education Journal* 13, no. 1 (2016): 127–46.

[4] Andrew R. Jones, "Learning about Home from *The Hobbit*," *Missio Apostolica* 23, no. 1 (2015): 173–76.

[5] Carter, "A Place of Belonging," 169.

[6] Note the overlap between the social sciences and theology here. Both direct the church toward exploring home and belonging.

Barriers

A person with disabilities, along with his or her family may experience a lack of belonging or inclusion in a local congregational context for a variety of reasons. The causes of exclusion are usually described as *barriers*. There are several possible barriers hindering the inclusion and belonging of people with disabilities and their families in a congregational setting including assumptive barriers, architectural barriers, attitudinal barriers, communication barriers, programmatic barriers, and liturgical barriers.[7] Each of these barriers can be major depending upon the person and congregation involved. I will draw upon personal experiences and research to aid the reader in gaining a more complete understanding of each barrier.

Assumptive Barriers

Everyone makes assumptions each and every day. Assumptions, in and of themselves, are neither good nor bad. But problems may arise when we are unaware of our assumptions, especially if they stand at odds with who we are called to be as the Body of Christ. Sometimes, the flawed assumptions of non-disabled members of a congregation about barriers is itself a barrier.[8] The literature suggests that many non-disabled members of local congregations tend to understand barriers hindering inclusion and belonging primarily as physical in nature.[9] That is to say, non-disabled people routinely assume inclusion and belonging have more to do with physical accessibility than anything else. However, even as physical accessibility is certainly

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[7] On these barriers, see Erik W. Carter, *Including People with Disabilities in Faith Communities: A Guide for Service Providers, Families, & Congregations*, (Baltimore: Paul H. Brookes, 2007), 8–14. While there may be other barriers, few would disagree with the importance of these barriers. While Carter alludes to the idea of assumptive barriers, he does not have a specific category for it.

[8] James Henderson, "The Sin of Disability," *Lutheran Forum* 54, no. 1 (2020): 26. Again, while not calling it an assumptive barrier, Henderson speaks of this concept.

[9] Carter, "A Place of Belonging," 169.

important, many people with disabilities and their families feel physical accessibility is less important than emotional, attitudinal, educational, and relational factors in a congregational setting.[10] For example, one disability ministry guide captures the feelings of people with disabilities and their families quite well, “Often the biggest barrier people with disabilities and their families encounter [in a congregational setting] are not inaccessible *stairs*, but unwelcoming *stares*.”[11] A church’s physical structures may be physically accessible but remain socially inaccessible.

While the importance of physical accessibility is generally better known since the advent of the Americans with Disabilities Act (ADA) in 1990, having physical access to a building does not mean that those people occupying the building will treat a person with disabilities with love, honor, and respect. Jeff McNair and Bryan McKinney use the helpful image of ramps to propose that both physical ramps and social ramps are equally necessary.[12] While it is possible not all people with disabilities and their families have had negative experiences in a congregation, it is noteworthy that the experiences of these individuals and families are rarely neutral, either causing great joy or deep wounds.[13]

Just as some congregations may wrongly assume that having a physically accessible parking lot and entry constitutes inclusion and belonging, others assume that having a so-called disability ministry establishes inclusion and belonging for people with disabilities and their

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[10] Erik W. Carter et al., “Supporting Congregational Inclusion for Children and Youth with Disabilities and Their Families,” *Exceptional Children* 82, no. 3 (2015): 372–89.

[11] Courtney E. Taylor et al., *Welcoming People with Developmental Disabilities and Their Families: A Practical Guide for Congregations*, (Vanderbilt: Kennedy Center, 2014), 4. Emphases are original.

[12] Jeff McNair and Bryan McKinney, “Social Ramps: The Principles of Universal Design Applied to the Social Environment,” *Journal of the Christian Institute on Disability* 4, no. 1 (2015): 47.

[13] Melinda Jones Ault, Belva C. Collins, and Erik W. Carter, “Factors Associated with Participation in Faith Communities for Individuals with Developmental Disabilities and Their Families,” *Journal of Religion, Disability, & Health* 17, no. 2 (2013): 207.

families. Too often, congregations—who recognize the need for such ministry and whose hearts are likely in the right place—expend a great deal of time and energy to plan and implement a disability ministry only to have it fail. One of the primary reasons it fails is because no one seeks the input of the people and families they desire to bless.[14] Katie Brueck likens skipping this step to decorating a house in the dark. The walls may get painted, pictures will be hung, and furniture will be placed, "but when daylight comes, no one will want to live there."[15] It would seem that asking people with disabilities and their families of their needs and desires for a disability ministry program would be common sense, yet congregations often fail to do so.

In disability rights activism, one clarion call is, "Nothing about us without us!" This slogan became popular during the fight for rights of people with disabilities in the United States in the 1990s (although its origin is much older) because policies impacting people with disabilities were being determined without meaningful participation and important input from the very people directly affected by those policies. Unfortunately, in my experience, many decisions concerning people with disabilities in secular and religious spheres are still made without attempting to meaningfully include them or their families in decision making. Neglecting to ask people with disabilities and their families for their input and expertise is not only offensive in many cases but is unwise and easily avoidable.[16]

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[14] Carter, "A Place of Belonging," 169.

[15] Katie Brueck, *Start with Hello: Introducing Your Church to Special Needs Ministry*, (Agoura Hills, CA: Joni and Friends, 2015), 21.

[16] Bernard Ikeler notes the importance of supporting the entire family of a person with disabilities. Bernard Ikeler, "Stresses in Families with Disabled Children," *The Journal of Pastoral Care* 44, no. 3 (1990): 234–43.

Architectural Barriers

It should go without saying that architectural designs which limit or impede physical accessibility can be insurmountable barriers toward inclusion and belonging. In my own context, since our daughter uses a wheelchair, the lack of a ramp to enter the sanctuary for worship or the lack of an elevator to access the Sunday School classroom would make her participation practically impossible. Older buildings and significant costs can make this barrier particularly difficult to overcome. One might think that a congregation that gathers in a newer building which was built according to ADA specifications will not have any architectural barriers. Such thinking would be wrong. Even a congregation with a building that is ADA compliant can still have many architectural barriers. For example, one congregation our family has visited built a brand-new sanctuary in 2014. Every aspect of the building is ADA compliant, but our family still encountered architectural barriers. The congregation thoughtfully shortened one pew for people who use wheelchairs toward the front of the church. Unfortunately, no one has ever realized that from a seated position it is impossible to see the pastor preaching in the pulpit from that location. Ironically, a wall adjacent to an ADA accessible ramp to the sacristy blocks the line of sight of the person sitting there. I suspect many people do not realize that ADA building codes are meant to accommodate as many people with disabilities as possible—but ADA codes do not accommodate *every* person with a disability. Our bathroom needs include changing the diaper of a girl in early adolescence. We have yet to encounter a building, ADA compliant or otherwise, that appropriately meets our needs.

Jamie Sumner’s fictional account of a young girl with disabilities highlights the problem of thinking ADA accessibility is all that is necessary for a church, school, or other organization in the following example. Sumner’s main character, Ellie, is a spunky, young teenage girl who uses a wheelchair because she has cerebral palsy. On Ellie’s first day in a new school, she enters a classroom for the first time but cannot go anywhere because the desks are too close together and the only place wide enough for her wheelchair is strewn about with the backpacks of the other students. Everyone stares at Ellie, assesses the situation without saying anything, and immediately goes back to their conversations like she is not there without doing a thing.[17] This kind of scenario is not fictional—it happens to our family frequently. In a church setting, someone may inadvertently block an elevator door with a garbage can, place a table in the way of the only accessible pathway during a potluck, or forget to shovel the snow on the ADA ramp to get into the building.[18] These actions or inactions are not done maliciously to hinder accessibility, but they are quite problematic for someone who requires physical accessibility and can be quite frustrating. These kinds of careless mistakes are also related to attitudinal barriers below.

Christians would also do well to remember congregational functions also regularly occur outside of corporate worship. Many homes of the members of our congregation are impossible for our family to visit. We do not to expect every member of our congregation to build a ramp. The point is that architectural barriers exist beyond the walls of the place a congregation worships. Overall, then, it should be clear that architecture can be a barrier toward inclusion and belonging of people with disabilities, often in ways that non-disabled individuals may not realize, and is always dependent upon the unique needs of each individual with disabilities and his or her family.

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[17] Jamie Sumner, *Roll with It* (New York: Atheneum, 2019), 128–30.

[18] Our family has encountered each of these scenarios.

Attitudinal Barriers

Several studies note that the attitudes of the people in a congregation toward people with disabilities is strongly related to the level of inclusion and belonging experienced by people with disabilities and their families.[19] Attitudes in this context should not be limited to a simplistic assessment as positive or negative. A wide array of attitudes may manifest themselves inadvertently or overtly[20] which can either severely hinder or markedly benefit the experiences of inclusion and belonging of people with disabilities and their families. I do not believe one should understate the importance of attitudes as they pertain to this area of study and practice since attitudes necessarily affect so many other barriers or supports. For example, a person who has an apathetic attitude toward people with disabilities will likely not bother to learn much about such a person. It follows that with little knowledge of people with disabilities, accommodations (architectural, liturgical, communicative, etc.) and supports will undoubtedly be lacking. Similarly, a person who feels uncomfortable, uncertain, or hesitant in the presence of a person with disabilities for any number of reasons will likely avoid that person. Avoidance will likely lead to that person and his or her family feeling unwelcomed or deeply hurt. Attitudes of individuals and congregations are inextricably linked to the sense of inclusion and belonging experienced by people with disabilities and their families.

The following research further substantiates the importance of attitudes as they relate to the inclusion and belonging of people with disabilities and their families in a congregational setting. One study examined the experiences of 416 parents of children with disabilities within faith

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[19] Ault, Collins, and Carter, "Factors Associated with Participation in Faith Communities for Individuals with Developmental Disabilities and Their Families," 202–3; Katrina Scior, "Public Awareness, Attitudes and Beliefs Regarding Intellectual Disability: A Systematic Review," *Research in Developmental Disabilities* 32, (2011): 2164–82; Richard Hobbs, Jennifer Fogo, and C. Elizabeth Bonham, "Individuals with Disabilities," 36–46.

[20] Carter, *Including People with Disabilities*, 10.

communities.[21] The goal of the study was to determine which factors in a congregation fostered or hindered the participation of the family with a child with disabilities most within a congregation. The results of open-ended surveys suggest that practices and supports for inclusion mattered most with nearly half of respondents mentioning this theme. It should be emphasized that this theme focused on supports for the child, not parents themselves. Examples of practices and supports include adaptations and accommodations for the child, general comments of support/inclusion, and the role of the leader of the congregation. Attitudes toward people with disabilities accounted for 20% of responses. Finally, approximately 8% of responses indicated a lack of knowledge about people with disabilities as a primary problem in congregations which hindered their participation. I believe one could easily argue that all of these factors are interrelated, and that a broad understanding of attitudes could account for nearly all of the parental responses.

Another study found that 70 % of parents of a child with disabilities felt that congregation-wide investments in disability awareness training would be beneficial toward people with disabilities and their families feeling more included.[22] Yet, only 10 % of congregations offered any such training. The authors suggest that barriers of knowledge and attitudes are related to a lack of awareness and that awareness efforts are foundational for a broad range of supports. In other words, the parents of children with disabilities in the study felt disability awareness efforts were needed because of the attitudinal deficiencies of members in their congregations.

What do attitudinal barriers look like? Carter invites congregations to ask themselves if there is evidence of attitudinal barriers. To help answer his question he provides several

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[21] Ault, Collins, and Carter, “Factors Associated with Participation in Faith Communities for Individuals with Developmental Disabilities and Their Families,” 184–201.

[22] Carter et al., “Supporting Congregational Inclusion,” 384.

comments which reflect attitudinal barriers toward people with disabilities and their families. What follows are a some of what I believe are among the most helpful examples he provides. Each has been slightly modified and I have also included some statements I have heard regarding our family's situation.

- "It requires a lot of energy and effort when we can't be sure your daughter is actually getting anything out of Sunday School with other kids."
- "We have a special needs class for children just like your son."
- "I'd love to invite my neighbor to attend our church, but we just don't have a program for people with disabilities."
- "Maybe your family would feel more comfortable at another church that has a disability ministry."
- "If your child can't read, how will he get anything out of the class?"
- "Some of the other members of the congregation find your child distracting. Maybe you would feel more comfortable sitting in the balcony."
- "Our church just isn't big enough to have a disability ministry."
- "I know your son is a little old, but he will probably be best cared for in the nursery."[23]
- "It must be so hard to take care of your daughter. Have you ever thought of institutionalizing her?"
- "I'm so glad you're her parents. I'd never be able to do what you do."
- "It's time to move on. It would be best if you kept the challenges you have with your daughter to yourself."[24]

In addition to these, the use of inappropriate language to describe a person with disabilities may demonstrate attitudinal barriers. Words such as "retarded, mentally challenged, handicapped, cripple, invalid," and many other terms are considered to be taboo and may be perceived as quite offensive. Attitudinal barriers are complex in nature and often deeply entrenched because of the social contexts in which they developed. And most often, in my own congregational context, attitudinal barriers are unintentional and are tethered to a godly desire to care for and love our daughter and our family.

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[23] Carter, *Including People with Disabilities*, 11.

[24] The last three statements have been spoken personally to me.

Communication Barriers

Communication barriers can also exist.[25] These may emerge in sensory areas. Sounds in worship could be too loud for individuals with autism or too soft for a person with hearing impairment. Bulletins may use font that is too small. Hymnals and Bibles could be difficult to use for those who have difficulty with fine motor skills. Pastors may need to consider if their preaching is connecting well with people with intellectual disabilities. And of course, as has already been noted above, congregations often fail to listen to people with disabilities and their families regarding their specific needs.

Programmatic Barriers

Barriers in programming may also surface in congregations.[26] Is it possible for people with disabilities to attend Sunday School or Bible study? Are people with disabilities and their families invited to attend activities outside of weekly worship? Brueck notes that disability ministry should never be a stand-alone program, instead disability ministry ought to take place across all programs, initiatives, relationships, and worship.[27] To do otherwise can sometimes lead to people with disabilities and their families being further isolated.

Liturgical Barriers

Finally, Carter identifies liturgical barriers that may impede inclusion and belonging. For example, a person who cannot use stairs to get to the communion rail could be singled out each week because the congregation is unwilling to consider an alternative way for all members to

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[25] For more on this barrier, see Carter, *Including People with Disabilities*, 13.

[26] For more on this barrier, see Carter, *Including People with Disabilities*, 13.

[27] Brueck, *Start with Hello*, 67.

receive the Lord’s Supper. A child with cerebral palsy may desire to be an acolyte with the rest of his classmates, but the congregation is unwilling to lower or move the candles, so he is able to participate. Standing or kneeling during worship may be difficult or impossible for some members of the church. Carter includes an example of a person with intellectual disabilities being denied the Lord’s Supper.[28] Carter is right to place this example under liturgical barriers because denying someone participation in communion takes place within the liturgical parameters of the worship setting and can be a barrier toward inclusion and belonging.

Barriers to people with disabilities and their families belonging and being included in congregations are not limited to the thoughts, words, and deeds, things done and left undone by people in the congregation itself. Especially as people with disabilities enter adulthood or when the parents of a person with disabilities dies, service providers in the community may take on the primary role of caregivers for that person. When this occurs several more barriers to belonging and inclusion for people with disabilities in congregations may rear their heads. Transportation may be limited because there is not a wheelchair accessible vehicle available, provider or public transportation may not operate on weekends or evenings when congregational activities occur, or various individuals who must share transportation desire to attend different congregations. One troubling study indicated that nearly two-thirds of service providers tend to overlook the need or desire of people with disabilities to attend worship.[29] It may even be that individual service providers could themselves feel uncomfortable or unfamiliar with the worship practices of a congregation because they themselves are not religious.

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[28] Carter, *Including People with Disabilities*, 13–14.

[29] Patricia Minnes et al., “Community Integration as Acculturation: Preliminary Validation of the AIMS Interview,” *Journal of Applied Research in Intellectual Disabilities* 15, no. 4 (2002): 382, 384 in Carter, *Including People with Disabilities*, 152.

The Social and Historical Contexts of Disabilities

Albert Herzog Jr. has written a detailed work attempting to explain why many of these barriers exist by exploring the various social contexts in which disability has arisen. Herzog writes from the perspective of sociology as a person with disabilities and as an ordained pastor in the United Methodist denomination. He examines many important contexts related to disability including: modern history and the current state of disability in society, disability advocacy in the church, disability ministry, ministry among several groups of people with disabilities, disability in a biblical context, disability and the church in historical context, theology and disability, and disability and ethics. Three main ideas in Herzog's work stand out as particularly relevant to this Major Applied Project.

Herzog views attitudes toward people with disabilities as a social construct. Certainly, he is one among many scholars to make this claim.[30] He writes, "Attitudes are socially constructed. That is, they are not fixed in people's minds, as if psychological tendencies are formed in the brain independent of social interaction. Attitudes are formed as the result of human interaction."[31] Anjeline Okola Charles supports this conclusion as she argues,

> the notion of 'disability' is an evolving concept resulting from attitudinal and environmental barriers hindering participation of persons with disabilities in society. Consequently, the notion of 'disability' is not fixed and can alter depending on the prevailing environment from society to society.[32]

This means that even the definition of what it means to be disabled may differ from one culture

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[30] See, for example, Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church* (Notre Dame, IN: University of Notre Dame Press, 1986), 184; Thomas E. Reynolds, "Invoking Deep Access: Disability beyond Inclusion in the Church," *Dialog: A Journal of Theology* 51, no. 3 (2012): 214–15.

[31] Albert A. Herzog Jr., *The Social Contexts of Disability Ministry: A Primer for Pastors, Seminarians, and Lay Leaders* (Eugene, OR: Cascade Books, 2017), 99.

[32] Anjeline Okola Charles, "Global Perspectives on Disability and Mission," *International Review of Mission* 108, no. 1 (2019): 113. Charles writes from the perspective of the Global South.

to another—and it does! For example, Benjamin Connor explains that in one indigenous people group in North America, a person with an intellectual disability might be a water carrier and be viewed as a vital part of the community.[33] In a North African nomadic group, someone who is born illegitimately or even someone who is ugly might be considered to have a disability in similar ways to someone who is unable to walk.[34] If attitudes toward people with disabilities are socially constructed, this gives promise toward the possibility of changing those attitudes and helps to validate this project which seeks to change the attitudes of non-disabled persons toward people with disabilities.

Herzog also helps one to understand why non-disabled people in the United States may exhibit attitudes of fear, discomfort, pity, repulsion, uncertainty, etc. from a historical perspective. Across the history of Christianity, there has generally always been a clear testimony concerning the value and humanness of people with disabilities.[35] As described in the previous chapter, when the Romans discarded unwanted infants and children with disabilities around the time of Jesus and afterward, Christians rescued them and provided for their care.[36] In the fourth century, the Cappadocian fathers continued this tradition of care and philanthropy.[37] In fact, infanticide, which was a common practice in Greek and Roman cultures, was outlawed in 374

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[33] Benjamin T. Conner, *Disabling Mission, Enabling Witness: Exploring Missiology Through the Lens of Disability Studies* (Downers Grove: IVP Academic, 2018), 22–23. Note here that Conner draws upon the work of Kim Nielsen, *A Disability History of the United States* (Boston: Beacon, 2012), 3. See also Katrina Scior and Shirli Werner, eds. *Intellectual Disability and Stigma: Stepping Out from the Margins* (London: Palgrave Macmillan, 2016), 8.

[34] See Connor, *Disabling Mission, Enabling Witness*, 23. Again Conner draws upon the work of others in Benedicte Ingstad and Susan Reynolds, eds., *Disability and Culture* (Los Angeles: University of California Press, 1995), 6.

[35] Alvin J. Schmidt, *Under the Influence* (Grand Rapids: Zondervan, 2001), 49.

[36] Schmidt, *Under the Influence*, 53, 153.

[37] Herzog, *Social Contexts of Disability Ministry*, 167.

A.D. under Emperor Valentinian who was influenced by Basil of Caesarea.[38] One of the results of such care, however, led to people with disabilities being institutionalized in monastery-like settings and mostly segregated from the general population. Even though institutionalization seemed to develop out of a need and desire to provide better care in centralized locations, perhaps unintentionally, it may have led to further marginalization.[39] Christine Pohl claims, "Concerns about hospitality to needy strangers gave rise to the development of hospitals, hospices, and hostels, and eventually these more anonymous and distanced ways of responding to strangers became the norm."[40] These institutions may have eventually led to the founding of hospitals for the physically and mentally ill.[41]

In the early nineteenth century, people with disabilities were often no longer cared for by their families and communities and became social and state problems.[42] By the beginning of the twentieth century history, rhetoric began to appear which characterized people with intellectual and developmental disabilities as a threat and menace to society due in large part to the eugenics movement. In the 1920s a psychiatry-based movement began to displace the eugenics crusade which again led to the institutionalization, segregation, and marginalization of people with disabilities from mainstream society emphasizing both medical and vocational models of disability.[43] This forced institutionalization continued even into the 1990s.

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[38] Schmidt, *Under the Influence*, 51.

[39] Herzog, *The Social Contexts of Disability Ministry*, 168–70

[40] Christine D. Pohl, *Making Room*, 7.

[41] Herzog, *The Social Contexts of Disability Ministry*, 172.

[42] On this paragraph, see Herzog, *The Social Contexts of Disability Ministry,* 210–11.

[43] Marvin J. Miller, "Serving People with Intellectual Disabilities: A Comparative Investigation of the Perception of Family Caregivers and Kansas Ministry Network Credential Holders," D. Min. diss., Assemblies of God Theological Seminary (2016): 53. ProQuest Dissertations and Theses Global.

By the 1990s some state institutions had closed and there was a rapid, widespread, and large-scale de-institutionalization of people with disabilities. Many people in my congregation are over the age of 60. Part of the challenge in my congregational context (and likely many others) has to do with the reality that many of the members of my congregation grew up without ever having contact—much less a relationship—with a person with disabilities because they were regularly institutionalized and did not participate in mainstream educational systems.

The final aspect of Herzog's work which is attested to by several others has to do with theological education. The influence of pastoral leadership is extremely important regarding the practice of inclusion and belonging toward people with disabilities in the local congregation.[44] Still, most pastors receive extremely limited training or instruction on anything related to people with disabilities or disability ministry.[45] While it is commonplace for denominations to affirm the importance and value of people with disabilities and their families in principle—by touting the importance of love, care, and ministry to and with people with disabilities, by passing resolutions, or publishing informational webpages—the practices to promote the inclusion and belonging of people with disabilities and their families in local congregations is extremely uneven.[46] Christians need to affirm the importance and value of people with disabilities in both *principle* and *practice*.[47]

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[44] Carter, *Including People with Disabilities in Faith Communities*, 70; Amy Fenton Lee, *Leading a Special Needs Ministry: A Practical Guide to Including Children & Loving Families* (Nashville: B&H, 2016), 86; Elizabeth E. O'Hanlon, "Religion and Disability: The Experiences of Families of Children with Special Needs," *Journal of Religion, Disability, & Health* 17, no. 1 (2013): 42–61; Charlene Y. Schultz, "The Church and Other Body Parts: Closing the Gap Between the Church and People with Disabilities," *Journal of Religion, Disability, & Health* 16, no. 2 (2012): 199–200.

[45] Naomi H. Annandale and Erik W. Carter, "Disability and Theological Education," *Theological Education* 48, no. 2 (2014): 95–96. Herzog, *The Social Contexts of Disability Ministry*, 5, 228–30.

[46] Carter, *Including People with Disabilities in Faith Communities*, 6.

[47] Carter, *Including People with Disabilities in Faith Communities*, 19. Note that the theological chapter above expressed a similar problem between theology (i.e. theological discourse) and practice.

Affirming the value, dignity, and worth of people with disabilities, and even desiring to have people with disabilities and their families feel they are included and at home in a congregational setting is generally less problematic among God's people in Christian congregations or among pastors—in principle. The real challenge is that many pastors and congregations simply do not know how to make such noble, laudable, and godly principles a reality. That they do not know how to do these things is the most significant problem of all. It is to the *how* we now turn.

How Can People with Disabilities and Their Families Be Included and Belong in Congregations?

In the summer of 2019, I met with some of the leaders of Bethesda Lutheran Communities at the LCMS National Youth Gathering in Minneapolis, Minnesota. Bethesda Lutheran Communities is the primary disability ministry arm in my denomination.[48] After introducing myself and sharing a little bit of what I was studying for the Doctor of Ministry program, one individual asked me what I thought the biggest challenges were for disability ministry in congregations. I answered that there was one primary problem—few people know *how* to do it. Each person with whom I spoke about this challenge nodded with understanding and agreement.

In my own congregation many people have shared with me that for a long period of time they have inwardly desired to help with our daughter but were afraid to ask if they could because they did not have the knowledge of how to help. Uncertainty is a common attitude in a situation like ours. Carter posits, "Conversations with community faith leaders, congregational members, families, and service providers often reveal uncertainty with how to address the spiritual needs of

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[48] For more information about Bethesda Lutheran Communities, one may visit their official website: bethesdalc.org.

children and adults with developmental disabilities."[49] While attitudes of fear, discomfort, and uncertainty often predominate in my congregation toward our daughter, our family, and others with disabilities, it is also clear that they genuinely desire to care for, support, and love our family without these limitations.[50]

Thankfully, how to go about beginning to support and love people with disabilities and their families is not complicated. It may be perceived as difficult since it will require change and effort, but it is uncomplicated. Yet, it must be intentional.[51] There are many specific ways to do what has been called *disability ministry*. I will not address all of them. Instead, I will address some of the overarching themes that should be taken into account in every congregation when beginning to consider so-called disability ministry. And it begins by treating people as people.

Spiritual support and nurture for people with disabilities and their families is not altogether different than for non-disabled people as they desire to be valued and loved by their pastors and those in the congregation.[52] Carter and Brueck both remind us that simple hospitality starts with saying, "Hello!"[53] Too often, because people are uncertain about how to converse with a person with disabilities, they avoid doing so altogether.[54] It really is as simple as saying, "Hi!" Introduce yourself. Ask what her name is. Ask about school. Ask about family. Ask about friends. Ask. Quite often the most important, meaningful gestures which promote inclusion and belonging

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[49] Carter, *Including People with Disabilities*, 2.

[50] Carter affirms this is the case in most congregations. See Carter, *Including People with Disabilities in Faith Communities*, 71.

[51] Carter, *Including People with Disabilities in Faith Communities*, 53.

[52] Carter, Biggs, and Boehm., "Being Present Versus Having a Presence," 143.

[53] Carter, *Including People with Disabilities in Faith Communities*, 64. Brueck's point is even clearer as it is made in her title: *Start with Hello*.

[54] Taylor et al., *Welcoming People with Developmental Disabilities*, 4.

occur outside formal ministry programs through everyday interactions since they communicate value and worth most clearly.[55]

Not all people with disabilities are the same. While it may be true that they experience similar social stigmatization[56] and families who have a child with disabilities often share a common cord or unique bond,[57] each child is unique, and each family is different. This point cannot be overemphasized. *Nearly every article or book referenced in this Major Applied Project that attempts to give guidance about how to support or minister to and with people with disabilities and their families reminds congregations, pastors, and leaders that each person with disabilities is unique.* And that means that no disability ministry will look exactly the same. Needs will be different. Limitations will be different. Preferences will be different. Accommodations will be different. Communication will be different. The nomenclature used in the literature to describe an approach that takes uniqueness among individuals and families seriously is called *person-centered* and/or *family-centered* support.

Congregations are different, too. Some congregations are large while others and small. Some congregations have several paid staff members while others may only have a pastor as paid staff. Each congregation is comprised of different people with a myriad of gifts and talents that were given by God to be used in edifying his church. And because people with disabilities and their families matter to God, he will see to it that the gifts and talents needed to love people

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[55] Carter, *Including People with Disabilities*, 67.

[56] Nielsen, *A Disability History of the United States*, xi.

[57] Bradley, *Special Needs Parenting*, xix; Thomas L. Boehm and Erik W. Carter, "A Systematic Review of Informal Relationships Among Parents of Individuals With Intellectual Disability or Autism," *Research and Practice for Persons with Severe Disabilities* 41, no. 3 (2016): 183.

with disabilities and their families are provided. Most often, being kind, friendly, and hospitable does not require specialized training.[58]

In order to love people with disabilities and their families so they feel a sense of inclusion and belonging in the Body of Christ, congregations should begin by asking and listening. First, they should ask God to lead them, guide them, and provide what they need.[59]

Next, they need to talk with the person with disabilities and their family about how they can best include them, support them, and love them. This is not simply a one-time conversation. Building a relationship is required. Often parents of children with disabilities may not even know what they need![60] Over time, trusted friends and fellow congregants may be able to see things that could be helpful that parents themselves do not as they learn the story of that person and family. From my experience, many families do not get asked about their experience with disability. But they do enjoy sharing their stories and experiences. This asking and listening dictates the next actions of congregations.[61] It may involve physical accessibility or accommodations in Sunday School. One family may request their son be included with the rest of his class while another could ask if there is a way for their daughter to have more one-on-one education. Each person and each family are unique and will require specific accommodations. Asking questions and listening are how congregations learn what is needed. One study provides congregations with

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[58] Carter, *Including People with Disabilities*, 67.

[59] Brueck, *Start with Hello*, 15.

[60] Lucinda P. Bernheimer and Thomas S. Weisner, "'Let Me Just Tell You What I Do All Day…': The Family Story at the Center of Intervention Research and Practice," *Infants & Young Children* 20, no. 3 (2007): 192.

[61] For example, see Hobbs, Fogo, and Bonham, "Individuals with Disabilities," 36–46.

some of the possible accommodations they may need to consider. Because of its importance, I have recreated the table below (Table 3.1) as a modified version of the reported results.[62] Because the attitudes of people in a congregation impacts so many other potential problems related to inclusion and belonging (as argued in the previous section), training the congregation

Table 3.1. Congregational Supports Needed Versus Supports Available

Type of Support	Percentage of parents reporting each support as somewhat to very helpful	Percentage of parents reporting each support was available in their congregation
Support group for parents	71%	12%
Congregation-wide disability awareness efforts	70%	10%
Resource center for families with disabilities	69%	4%
An advocate to work specifically with families	68%	6%
Spiritual counseling from a congregational leader	65%	33%
Respite care	61%	8%
Modifications to religious education	59%	12%
A spiritual or religious plan for my child	59%	11%
Someone to support my child during religious education	56%	18%
Someone to support my child during worship services	48%	16%
Special worship services for people with disabilities	47%	7%
Financial support from the congregation	43%	14%
Transportation to congregational activities	34%	15%
A congregation that is more physically accessible	32%	23%

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[62] Carter et al., “Supporting Congregational Inclusion,” 372–389. This table is based upon another one created about the same study in Carter, “A Place of Belonging,” 174.

on basic disability awareness and etiquette is often helpful. Note in Table 3.1 that 70 % of parents of a child with disabilities felt that congregation-wide disability awareness efforts would be a great step toward helping their family feel included in the congregation. Teaching and training need to occur in some capacity to help change the attitudes of non-disabled members of a congregation toward people with disabilities and their families. Basic teaching on disability awareness has been demonstrated and recommended to be an effective way to improve these attitudes.[63] It should also be noted that such training does not need to be formal.[64] Spending five minutes to share some basics during a board meeting can be a good place to start. However, as noted by more than one author, relationships are the best tool for disability awareness training.[65]

In my context and for this project, I will be doing the training since I am the pastor of the congregation and the father of the child about whom the person-centered training is based. In other contexts, it may not be obvious who should do such training. Certainly, a pastor who is willing to learn and is able to teach may do it. But other possibilities include the parents of a child or adult with disabilities, an adult with disabilities, a person who works in special education in a local school, a local provider who works with people with disabilities in the community,[66]

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[63] Angela J. Wozencroft, Joshua R. Pate, and Haley K. Griffiths, "Experiential Learning and Its Impact on Students' Attitudes Toward Youth With Disabilities," *Journal of Experiential Education* 38, no. 2 (2015): 129–43; Victoria Slocum, "Recommendations for Including People with Intellectual Disabilities in Faith Communities," *Christian Education Journal* 13, no. 1 (2016): 109, 121–24; Nicole Ison, et. al., "'Just Like You': A Disability Awareness Programme for Children That Enhanced Knowledge, Attitudes, and Acceptance: Pilot Study Findings," *Developmental Neurorehabilitation* 13, no. 5 (2010): 360–68; Danielle Moore and Ted Nettelbeck, "Effects of Short-Term Disability Awareness Training on Attitudes of Adolescent Schoolboys toward Persons with a Disability," *Journal of Intellectual & Developmental Disability* 38, no. 3 (2013): 223–31.

[64] Brueck, *Start with Hello*, 56–57.

[65] Brueck, *Start with Hello*, 57; Carter, *Including People with Disabilities in Faith Communities*, 63.

[66] Multiple sources suggest congregations ask special educators or providers who work with people with disabilities and their families to help with disability awareness training. This networking could also prove to be beneficial when caregivers and professionals explore natural supports.

any person in the congregation who has a heart for such people and ministry, or a combination of some of the aforementioned people. In the LCMS, my own denomination, someone from Bethesda Lutheran Communities may be willing to do disability awareness training, too.[67] It is not absolutely necessary to have a member of the congregation do such training. Others in the community may jump at the chance to help if asked.

Finally, in both the secular realm and within studies specifically on inclusion and belonging in congregations, professionals and scholars are recognizing the benefit of utilizing what they call *natural supports* in the lives of people with disabilities and their families. Carter shares that, "[t]oo many people with developmental disabilities live their lives within a system of services, rather than within a network of supportive personal relationships" and that "many people count faith communities as among the most natural forms of support."[68] Natural supports in a congregational context means God's people creatively considering possible supports together based upon networking and vocational callings and abilities. One example of a natural support could be that a person with disabilities who loves going to the movie theater might partner with a person or group from the congregation who enjoy the same, rather than the person with disabilities going alone. Using natural supports are limited more by a lack of knowledge and effort than by lack of potential support.

Charting the LifeCourse[69]

One secular program which seeks to support children and families with disabilities is called Charting the LifeCourse. It applies many of the important aspects related to inclusion and

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[67] Bethesda Lutheran Communities has a way to contact someone from their organization to inquire about disability awareness training on their website: bethesdalc.org/what-we-do/disability-ministry/.

[68] Carter, *Including People with Disabilities*, 120–21.

[69] On this section, see Michelle C. Reynolds et al., "National Goals for Supporting Families Across the Life

belonging discussed above. It utilizes a person-centered and family-centered approach by asking individuals and families about their needs and desires. It also seeks to discover and use natural supports. The Charting the LifeCourse framework developed out of a need for people with disabilities to be better supported in their families and often in their homes. More and more scholars, government organizations, and providers are recognizing that supporting families in their endeavors to care for their family member with a disability has been systemically lacking. Government agencies, in particular, are beginning to invest time and money into providing support for families in a way that takes into account the expressed needs of people with disabilities and their families rather than a one-size-fits-all approach. Most government assistance agencies and providers who work on their behalf have been ill equipped to evolve toward a person-centered and family-centered approach to care and support. Charting the LifeCourse aims at aiding government agencies (e.g. the Department of Social Services, the Department of Health), providers (e.g. social workers, case managers, physical and occupational therapists), and individuals and families to work together to formulate person-centered and family-centered plans to achieve goals and needs through both formal (e.g. government programs, professionals) and informal (e.g. church, friends, community) support. The larger, more ambitious goal of this program is to promote systemic change *from* families and individuals with disabilities having little influence or input regarding their wants and needs *toward* affording families and individuals with disabilities a great deal of influence and input regarding their wants and needs.

Course," *Inclusion* 3, no. 4 (2015): 260–266; George S. Gotto et al., "Supporting Families Through the Charting the LifeCourse Framework," *Intellectual and Developmental Disabilities* 57, no. 1 (2019): 56–65. In addition, one may visit the official website of Charting the LifeCourse at lifecoursetools.com.

Government systems, such as the Department of Health and Human Services and the Department of Social Services, which are often are the gatekeepers for families to receive support and services, are complex systems which are not nimble when it comes to change. These systems operate exclusively based upon a set of policies, rules, and guidelines that often impede the kind of supports families need. Believe me. Rather than a one-size-fits-all approach, Charting the LifeCourse seeks a way to tend to specific needs of individuals and families by utilizing all possible forms of support. Rather than relying only upon a clumsy government system, it seeks a way to capitalize on the community and social supports of individuals and families already in place outside the system. Instead of telling families what they need, this framework seeks to listen and gather input from families and individuals regarding their personal desires and goals. What has resulted is a program that is nimble, personally adaptable, and easily changed, yet is still sponsored by the government.

The practical result of Charting the LifeCourse is the crafting of a one-page profile for the person with disabilities and a one-page profile for the family of the person with disabilities. One may think of a one-page profile as a get-to-know-you tool that encompasses goals, dreams, dos and don’ts, likes and dislikes, and history, as well as five areas of potential integrated services and supports including: Personal Strengths and Assets, Relationship Based Supports, Eligibility Specific Supports, Community Based Supports, and Technology Based Supports. Congregations are specifically mentioned as possible supports in the community and relationally.

I believe there are some things to be learned from the Charting the LifeCourse framework in the church. Similar to government systems, denominational church bodies may take the form of a one-size-fits-all approach toward disability ministry. Such an approach is not nimble enough to handle the great variety of needs of people with disabilities and their families. And most, quite frankly, do not have the personnel or financial ability to aid congregations in doing disability ministry. Utilizing a similar model to Charting the LifeCourse with inclusion and belonging in mind for a specific congregational setting could prove to be a blessing, not only for this Major Applied Project in my specific ministry context, but perhaps for others. Such a model could be used as the basis for a person-centered and family-centered disability awareness seminar. The focus of this Major Applied Project is not to go into detail regarding the content or development of a person-centered disability awareness seminar, but upon using a person-centered disability awareness seminar with the goal of changing the attitudes and relational engagement of the congregation toward a person with disabilities. More details of the person-centered disability awareness seminar used for this Major Applied Project can be found in Appendix One and Appendix Eight.

Originality

Teaching a person-centered disability awareness seminar in a specific congregation to measure the attitudes and relational engagement of people in that congregation toward a person with disabilities has not been researched. A disability awareness seminar has never been done in my congregation, either. Carter claims that “the congregational context is still quite unique and warrants much more attention.”[70] Since people with disabilities and their families are extremely heterogenous in their needs, strengths, and preferences, one study recommends “[a]dopting a person-centered posture that avoids assumptions and strives to discern what would be most helpful for a given individual or family.”[71] The same authors also propose that additional

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[70] Carter, “A Place of Belonging,” 179.

[71] Carter et al., “Community Conversations on Faith and Disability: Identifying New Practices, Postures, and Partners for Congregations,” *Pastoral Psychology* 66, no. 5 (2017): 591–92.

research ought to investigate person-centered planning approaches that would fit well within a congregational setting and aid in discovering personally valued supports.[72] These last recommendations are especially relevant as they validate this MAP from the perspective of current research. The study further corroborates my proposed project as it suggests that exploring awareness and training efforts would be valuable means to work toward person-centered practices and supports.[73]

Many studies have undertaken to better understand the needs of parents of children with disabilities and whole families. Since I am the parent of the child about whom the person-centered disability awareness seminar will be taught, my wife and I cannot be the ones to determine its effectiveness since it would be a conflict of interest. The congregation must do so. However, this is actually warranted as one study has noticed that far less is known about congregations' perceptions of people with disabilities.[74]

Finally, the pastor of a congregation is often the person upon whom much or most responsibility falls for ministering to and with people with disabilities and their families.[75] While this may not be the case in every congregation or denomination, this is certainly the general rule in my own congregation and denomination. *There is no literature which seeks to understand or determine how to care for and support a person with disabilities and his or her family in a congregational context when that family is the pastor's own.* This Major Applied Project seeks to remedy this crucially significant gap in the literature and in practice.

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[72] Carter et al., "Community Conversations on Faith and Disability," 592.

[73] Carter et al., "Community Conversations on Faith and Disability," 575–94; Slocum, "Recommendations for Including People with Intellectual Disabilities in Faith Communities," 124.

[74] Ault, Collins, and Carter, "Factors Associated with Participation in Faith Communities for Individuals with Developmental Disabilities and Their Families," 207.

[75] O'Hanlon, "Religion and Disability," 54.

Conclusion

The research concerning the inclusion and belonging of people with disabilities and their families in a congregational context has been fruitful and revealing. Attitudes of congregational members play an important role, positively or negatively, concerning the inclusion and belonging of people with disabilities and their families. Disability awareness training can be a productive way to change attitudes. Each person with disabilities and each family of a person with disabilities is unique. Each person and family ought to have a voice concerning the type of support and care they need. In general, congregations have a desire to care for, support, and love people with disabilities and their families but are often uncertain how to do so and need to be taught and shown how in order to mitigate their fears and uncertainties. This reality is present in my own congregation toward our family. Natural supports abound in congregations. These natural supports are unique to each congregation as individual members carry out their vocational callings while utilizing their God-given gifts and talents. Local and personal care for people with disabilities generally work better than large governmental or denominational systems since local congregations are able to be much more flexible and person-centered than one-size-fits-all approaches typically used in large systems. Furthermore, the findings of this chapter corroborate the findings of the previous chapter since the various ways Christians rightly practice inclusion and belonging with people with disabilities and their families are nothing less than the Spirit-filled manifestation of loving one’s neighbor in creative and imaginative ways tailored to specific individual needs in response to God’s invitation and command.

Therefore, I believe that person-centered disability awareness training that seeks to address the attitudes of congregational members by alleviating uncertainties about our daughter and family and to improve relational engagement between them is a viable way to answer the research question, “How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?”

The next chapter will describe the specific and detailed design of the quantitative and qualitative research and methodology which was developed for this Major Applied Project to aid in answering the research question. It is to the research and methodology that we now turn.

CHAPTER FOUR

THE PROJECT DESIGN AND METHODOLOGY

Since I started the Doctor of Ministry program at Concordia Seminary, I hoped my learning would aid me in being a better pastor and that it would also help my congregation to be a better congregation. Initially, I was not sure how the final project would accomplish those goals. As time went on it became clear that I needed a project about which I was both passionate and knowledgeable if I were to complete the program. The relationship between the church and people with disabilities was the one topic that kept coming to the fore in my studies and my heart. Part of the draw to this topic was quite natural given my vocations as father and pastor. I was also disheartened by the quality, usefulness, and number of resources available in my own denomination for someone in my situation. Finally, my experiences with fellow Christians and their compassionate struggles to care for and support my family led me to the conclusion that ministry to families of children with disabilities needed attention.

How a pastor and his family receive spiritual care and support is a problem that seems to have been poorly addressed as a whole in all denominations including my own. Who can or should minister to the pastor and his family? Fellow pastors? Ecclesial supervisors? Congregations? Should they be left to minister to themselves as is often the case? I suspect the responsible party may be different depending upon a multitude of circumstances. In our own situation, we have learned to rely upon our congregation for a great deal of support. And they have delivered care and support in monumental ways and continue to do so. But I also could see that they regularly struggled with knowing what to say and do. This became especially clear as I began to narrow down the topic for this research project by doing interviews as described above in Chapter 1. This was the first time I realized that the congregation’s attitudes were impeding their godly desire to love and support our family. It was also the first time I realized they not only needed to be taught some basics of how to relate to our daughter but also needed our family's permission to experiment and even to make mistakes without the threat of embarrassment, guilt, shame, or causing offense. Finally, this was the first time I realized my very real contribution their struggles—shamefully, it took me ten years to invite them to talk openly and safely about their thoughts and feelings about our daughter and others with disabilities.

As I did a great deal of research above in Chapters Two and Three, the uniqueness of each person with disabilities and of each family of a person with disabilities impressed upon me the importance and value of a person-centered approach. The question then was what kind of project could be developed that would tend to the congregation's attitudes and their godly desire to love and support our family, that would include basic teaching specific to our daughter in a non-threatening atmosphere, and that could be reasonably assessed? This line of questioning led me eventually to the research question established for this project, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?"

Research Design

To answer the research question, I decided to use a *mixed methods* design entailing a validated quantitative instrument measuring attitudes toward people with general disabilities and a qualitative focus group. According to one study, "When used in combination, quantitative and qualitative methods complement each other and allow for a more robust analysis, taking advantage of the strengths of each."[1] The overarching mixed methods design also includes important sub-designs. The type of mixed methods design I chose for this project is often called *explanatory sequential design*. It involves collecting quantitative data in Phase 1 of research followed sequentially by gathering qualitative data in Phase 2 of the research. A qualitative measure in Phase 2 then seeks to better understand the data and experiences of participants during the Phase 1 intervention.[2] Ordinarily, explanatory sequential designs give more weight to the quantitative data and analysis in Phase 1. I gave equal weight to the quantitative and qualitative portions of the research since I decided against using a control group in Phase 1. The design is illustrated in Figure 4.1 below.[3]

Figure 4.1. Research Design Visual

Quantitative measures were administered before and after the person-centered disability awareness seminar. This is commonly referred to as a *pretest posttest design*. Ideally, when using a pretest posttest design, the researcher would use an experimental group and a control group to give validity to the effects of the independent variable, in this case, the disability awareness seminar. For this project, I used a one group or single group pretest posttest design recognizing it

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[1] Nataliya V. Ivankova, John W. Creswell, and Sheldon L. Stick. "Using Mixed Methods Sequential Explanatory Design: From Theory to Practice," *First Methods* 18, no. 1 (2006): 3.

[2] On explanatory sequential design see, Paul D. Leedy and Jeanne Ellis Ormrod, *Practical Research: Planning and Design*, 12th ed. (New York: Pearson Education, Inc., 2019), 264–265; Nataliya V. Ivankova, John W. Creswell, and Sheldon L. Stick, "Using Mixed-Methods Sequential Explanatory Design: From Theory to Practice," *Field Methods* 18, no. 1 (2006): 3–20.

[3] Modified from John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 3rd ed. (Los Angeles: SAGE, 2009), 209.

is inferior to other pretest posttest designs that include at least one control group. If this project were solely relying on quantitative testing and data to understand the effects of the disability awareness seminar, I would have altered the research to include a control group of some kind. However, since I also used a qualitative measure to aid in interpreting the quantitative data and to better understand the participants' experiences of the disability awareness seminar, a single group pretest posttest design is less problematic.[4] It would also have been difficult to include a control group within my congregational setting because of its small size. Furthermore, like many educational interventions that use similar designs, the potential for the benefit of all parties involved was too great as to disallow some individuals from receiving the training by placing them in a control group.

The qualitative measure utilized in Phase 2 of the research was a *focus group*. The focus group was comprised of purposefully selected individuals who participated in Phase 1 of the research. The focus group interview design allows for both individual voices to be heard and for focus group participants to share a story about their collective experience.[5]

Phase 1

The criteria for research participants involved in this phase included the following:

- Must be age of 18 or older. This is the age of a legal adult in the state of South Dakota.
- Must have worshipped at Bethlehem Lutheran Church, Rapid City, SD within the previous calendar year from when the research is conducted.
- Must attend a disability awareness seminar lasting approximately 1.5 hours.
- Must complete a quantitative survey.
- Must sign the Informed Consent Form for Phase 1 of the research study.[6]

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[4] Qualitative measures are especially useful when seeking to understand attitudes more deeply. See Nancy T. Ammerman et al., *Studying Congregations: A New Handbook*, (Nashville: Abingdon, 1998), 208.

[5] Ammerman et al., *Studying Congregations*, 207.

[6] See Appendix Two.

I formally began the research process by completing online training to do ethical research on human subjects in social, behavioral, and educational fields through the Collaborative Institutional Training Initiative (CITI). I then obtained approval of my MAP Proposal via my MAP Proposal Committee. Following the Committee's approval, I sought and received approval of my research with Concordia Seminary's Institutional Review Board (IRB). Permission to use and adapt the Multidimensional Attitudes Scale Toward Persons With Disabilities (MAS) also was obtained from the creators of the instrument (see Appendix Seven).

There were approximately 125 adults age of 18 or older who were eligible to participate in the research. A date of March 14 was set with the study to begin following Sunday morning worship on that day. Advertising for Phase 1 of the project was communicated in the weekly congregational bulletin, through verbal announcements following worship, bulletin board advertisements on site, and through personal conversations. Participants were encouraged to sign up ahead of time in order for me to know how much material to print and to contact participants in case of a need to reschedule due to inclement weather—and it was a good thing I did. On Friday evening, March 12, the weather forecast called for between 8 and 15 inches of snow, starting Sunday morning. I made the decision early Saturday morning to reschedule the seminar, not by postponing it but by moving it up a day to Saturday afternoon, March 13 in an attempt to beat the snowstorm. Out of the initial 65 participants who signed up for the research study, 42 said they could attend Saturday afternoon. While rescheduling on short notice was not ideal, I had few good alternatives. Postponing the seminar would have required a significant delay due to confirmation activities and Holy Week taking up the next three weekends. The two weekends after Easter required me to be gone for a major surgery in the Twin Cities for our daughter. Since several people could not attend on the originally scheduled day, we had already planned to present the seminar at a later date without the research component. This plan was satisfactory for all those who could not attend.

The Informed Consent Form was read aloud and signed at the beginning of Phase 1 prior to participation in the seminar. The Informed Consent Form was not numbered and was checked for accuracy and collected prior to the beginning of the seminar. Each participant was given a numbered packet which included the sociodemographic questionnaire along with the pretest MAS and posttest MAS on a clipboard and a pen. Participants completed the sociodemographic questionnaire and pretest MAS prior to the start of the seminar. The disability awareness seminar was then presented. Following the seminar, participants were asked to complete the posttest MAS. Data from the MAS were coded and analyzed. No data were personally identifiable. The disability awareness seminar and quantitative research took place at Bethlehem Lutheran Church in the sanctuary which allowed for social distancing of all participants. All surveys were completed on paper and were stored in a locked filing system inside of a locked room on the premises of Bethlehem Lutheran Church. I am the only person with access to these documents.

Phase 2

Phase 2 focus group participants were purposefully selected following Phase 1. Participants in Phase 2 were required to have participated fully in Phase 1 of the project. The focus group met approximately 3 weeks following Phase 1 to allow time for coding and analysis of Phase 1 data. Informed Consent Forms were distributed, read aloud, and signed prior to the interview beginning.[7] Phase 2 participants were interviewed together in one sitting which lasted approximately two hours. The focus group met at Bethlehem Lutheran Church in the church

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[7] See Appendix Three.

basement which had ample space to comfortably seat myself and participants and allow for social distancing.

A digital recording was made of Phase 2 and kept in a locked filing system inside of a locked room on the congregation's premises which is only accessible to me. Digital files relating to this project have been kept on my personal computer and protected by facial recognition software. A transcription of the focus group's interview was transcribed using a secure online transcription service called Sonix. The transcription was coded and analyzed using secure MAXQDA online software developed specifically for qualitative research. The evaluation of data focused upon better understanding the experiences of participants during the disability awareness seminar, the experiences of relational engagement of participants with the subject of the disability awareness seminar, and the data derived from Phase 1 of the research study.

Methodological Approach

The methodological approach for this project falls under what Kathryn Herr and Gary Anderson call participatory action research (PAR) which is inherently practical in nature. The authors claim that knowledge is to be found both within theoretical research but also in the experience of practitioners, which is often where PAR is utilized.[8] Biases are present in all kinds of research, so instead of seeking to eliminate biases entirely, researchers doing PAR should aim to acknowledge biases and in this way still contribute to collective knowledge in meaningful ways without compromising the integrity of research.[9] This research fundamentally questions the status quo and works toward change[10] not only for the sake of knowledge or action but to

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[8] Kathryn Herr and Gary L. Anderson, *The Action Research Dissertation: A Guide for Students and Faculty*, (Thousand Oaks, CA: SAGE, 2015), 65.

[9] Herr and Anderson, *Action Research Dissertation*, 73.

[10] Herr and Anderson, *Action Research Dissertation*, 151.

transform attitudes[11] which benefits everyone involved.[12] This involves collaboration with people both to accomplish the research and to evaluate it to ensure the interpretation of the data is sound.[13] While PAR is done in a semi-unique setting, the knowledge gained should be transferable to other similar settings.[14]

The aim of this research project is practical as it seeks to transform attitudes within a congregational setting of which I am the pastor. Herr and Anderson distinguish between "insiders" and "outsiders" when doing research in an organization.[15] My position is complex as I am an insider in important ways as the father of a child with disabilities and the pastor of the congregation. I am also an outsider since I am a pastor, not a layperson, and unlike most in the congregation, I am quite close to someone with disabilities. Any pastor doing research in his own congregation is biased. For our situation, since I am Zoe's father, the biases are even more pronounced. But this is also what can make this project meaningful as there are so few resources addressing congregational ministry to persons with disabilities when the pastor himself has a child with disabilities. Therefore, it is hoped that this study will be transferable to other ministry contexts and to other people with disabilities and their families in our own congregation.

Research Methodology

The Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS) was the instrument used to gather quantitative attitudinal data in Phase 1 of the research. There have been dozens of instruments developed to measure attitudes toward people with disabilities with

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[11] Herr and Anderson, *Action Research Dissertation*, 128.

[12] Herr and Anderson, *Action Research Dissertation*, 155.

[13] Herr and Anderson, *Action Research Dissertation*, 129.

[14] Herr and Anderson, *Action Research Dissertation*, 75.

[15] See Herr and Anderson, *Action Research Dissertation*, 54, 92–96.

varying emphases dating back to the 1960s. This has been both a blessing and a curse. There simply is no standardized tool. One of the primary instruments used in the past, the Attitude Toward Disability Test (ATDT), was perhaps the closest the field came to a standardized instrument to measure attitudes. But as it was first developed in the 1960s, it is quite outdated and uses language that many would now likely consider to be in bad taste at the very least. Many of the scales developed in the past were also found to be inadequate for varying reasons. For example, many were found to be unidimensional, meaning they only measured one dimension of attitude. Experts in the field recognized the need for a scale that measured more than one dimension of attitude even in the 1980s. Such a tool also needed to be psychometrically sound. And the scale needed to be accessible. This can prove to be an obstacle since there is often no way to find the original questionnaire or there are no standard instructions about how to administer or score the measure. Sometimes there may be no way to contact the original author to get permission to use the scale. There are also several scales that measure different kinds of disabilities: intellectual, physical, deafness, or general. Some are developed to be used on specific groups of people such as medical professionals, teachers, children, police officers, or people with disabilities themselves.

The MAS stood out from among other scales for several reasons. First, it is relatively new, being published in 2007. Second, it uses a brief vignette to help participants visualize a concrete situation as they answer questions about how someone else would likely feel. The initial scale was comprised of 34 items, but in 2010 the authors published a modified version consisting of only 22 items.[16] All responses are given using a five-point Likert scale. It has been adapted into

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[16] Noa Vilchinsky, Shirli Werner, and Liora Findler, “Gender and Attitudes Toward People Using Wheelchairs: A Multidimensional Perspective,” *Rehabilitation Counseling Bulletin* 53, no. 3 (2010): 163–174. This article, written by the same authors who developed the MAS, includes the modified questions for the 22-item scale.

several different languages. It also had good internal consistency and construct validity.[17] It also measures more than one dimension of attitude including affect (emotions), cognition (thoughts), and behavior. The scale is also designed for the general population. Finally, the authors graciously gave permission to use and adapt the scale for my purposes in this research project in a very timely manner.[18] In addition to the MAS, sociodemographic information was collected in the pretest phase of the research.

Phase 2 involved interviewing a focus group who all participated in Phase 1. Focus groups are often used when utilizing an explanatory sequential design[19] and can be useful in congregational settings.[20] Participants in the focus group were purposely selected in order to have even representation of gender, broad representation of experience, and to ensure participants would be comfortable talking openly in a small group setting. The focus group interview was semi-structured in nature. Some questions were specific to the data collected from the MAS. Most questions were open-ended so as to better understand the experiences of the participants in Phase 1 of the study. These questions also sought to determine the extent to which the person-centered disability awareness seminar impacted participants' relational engagement with Zoe. The focus group interview was particularly important as it sought to answer the relational engagement component of the research question since the MAS only measured attitudes. Following the transcription of the focus group interview, the data were coded thematically and

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[17] Yves Y. Palad et al., "Scoping Review of Instruments Measuring Attitudes Toward Disability," *Disability and Health Journal* 9, no. 3 (2016): 366, 371; Liora Findler, Noa Vilchinsky, and Shirli Werner, "The Multidimensional Attitudes Scale Toward Persons With Disabilities (MAS): Construction and Validation," *Rehabilitation Counseling Bulletin* 50, no. 3 (2007): 166–76. A copy of the original instrument can be found at the end of the second citation in this footnote.

[18] See Appendix Seven.

[19] Leedy and Ormrod, *Practical Research*, 264.

[20] Ammerman et al., *Studying Congregations*, 207.

internally analyzed. The findings of the research are discussed in the next chapter and help to answer the research question.

Assumptions, Limitations, and Role of Researcher

It is assumed that the Holy Scriptures as revealed in the Old and New Testaments are the norm and guide for undertaking this research project. It is also assumed that research in the social sciences may reveal “first article” truths that are limited in that these truths are not salvific in nature, nor are they divinely inspired. Thus, the social sciences should be informed by truths revealed in Scripture, not rule over them. It is further assumed that many of the research participants in the congregation share a godly and heartfelt desire to love and care for our daughter and family.

There are several limitations to this research project. People with disabilities and their families would often be included in sharing their experience regarding the successes and failures of a project such as this one. However, because I have a child with disabilities and she was the “star” of the seminar, the effects this seminar has upon our daughter and family will not be directly assessed. This research project will not be seeking to develop a comprehensive disability ministry. The assessment of attitudes will be limited to those expressed in the MAS and the findings of the focus group interview data. The research conclusions will also be limited because of my unique role as both the pastor of the congregation and father of a child with disabilities. The quantitative portion of the research is limited because it relies upon the self-reporting of research participants. Pretest posttest designs have limited internal and external validity especially given that the research study did not use a control group.

Measurement error due to response bias is another limitation because I am the pastor of the congregation and the congregation desired for the research to be meaningful and reflect upon me positively. To manage this problem, I sought to use social exchange theory to my advantage by focusing on increasing benefits and establishing trust. I attempted to impress upon participants the importance of honest responses, utilized anonymous quantitative surveys and confidential qualitative responses, and used a previously validated attitudinal survey to help mitigate response biases. I intentionally limited the sample size and coverage of the research to that of my own congregation. Nonresponse errors may have occurred because some people were uninterested in the topic or were unwilling or unable to participate because of the necessary time commitments. Other nonresponse errors may have occurred because of the fear of contracting or infecting others with COVID-19, the mask requirement for the seminar, age restrictions for the seminar, or the change in the day and time of the seminar due to inclement weather.

CHAPTER FIVE

PRESENTATION AND EVALUATION OF THE DATA

This chapter contains both the results and discussion of the mixed methods research study described in the previous chapter with the purpose of answering the research question, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?" The presentation of the results of the study will be presented in the same chronological order in which the research was conducted. Following Phase 1 and Phase 2 data analysis, a discussion and evaluation of the study will conclude the chapter.

Phase 1 Data Analysis

Since many of my readers likely do not have a background in statistical analysis, I will do my best to provide explanations of important terms and the significance of the results of data analysis. For those uninterested in detailed statistical analysis, the section entitled, "Discussion" below should provide the reader with a sufficient interpretation of the meaning of the data.

There were 42 participants (N = 42) who attended the person-centered disability awareness seminar and who completed both the pretest MAS and posttest MAS measures and sociodemographic questionnaire. Sociodemographic information will be reported first, followed by a more detailed statistical analysis of results. The participants who attended the seminar included 16 males and 26 females ranging in age from 18 years old to 80 years old or older.[1] The age and gender distribution of seminar participants is included in Table 5.1 below.

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[1] In addition to research study participants, a few other individuals attended the seminar who did not participate in the research because they did not meet the criteria established for participating in the study, were members of my immediate family, or chose not to participate in the research.

Table 5.1. Phase 1 Participant Age and Gender Distribution

		Gender	
Age Range	Age Distribution	Male	Female
18-29	2 (5%)	2 (5%)	0 (0%)
30-39	0 (0%)	0 (0%)	0 (0%)
40-49	4 (10%)	0 (0%)	4 (10%)
50-59	6 (14%)	3 (7%)	3 (7%)
60-69	11 (26%)	4 (10%)	7 (16%)
70-79	14 (33%)	6 (14%)	8 (19%)
80+	5 (12%)	1 (2%)	4 (10%)
All	42 (100%)	16 (38%)	26 (62%)

N=42; Percentages are approximate

The sociodemographic questionnaire administered prior to the beginning of the seminar asked participants to self-report their perceived knowledge of disabilities using a 4-point Likert scale. Actual results are reported in Table 5.2 and show cross-analyzation with age range below.

Table 5.2. Phase 1 Disability Knowledge and Age Comparison

	Pretest Self-Reported Disability Knowledge			
Age Range	Nothing	Not Much	Quite a Bit	A Lot
18-29	0 (0%)	1 (2%)	1 (2%)	0 (0%)
30-39	0 (0%)	0 (0%)	0 (0%)	0 (0%)
40-49	0 (0%)	0 (0%)	3 (7%)	1 (2%)
50-59	0 (0%)	2 (5%)	3 (7%)	1 (2%)
60-69	0 (0%)	4 (10%)	6 (14%)	1 (2%)
70-79	0 (0%)	5 (12%)	7 (16%)	2 (5%)
80+	0 (0%)	4 (10%)	0 (0%)	1 (2%)
All	0 (0%)	16 (38%)	20 (46%)	6 (14%)

N = 42; Percentages are approximate.

Results showed approximately 62% of participants had “Quite a Bit” or “A Lot” of knowledge about disability as compared to 38% of participants reporting “Not Much” knowledge about disability. Zero participants indicated knowledge about disability as “Nothing.”

Participants were also asked to self-report their perceived frequency of interaction with people with disabilities, again using a 4-point Likert scale. Table 5.3 below compares the frequency of interaction with people with disabilities and gender. Results for this study show that women reported moderately higher interactions with people with disabilities than men. All participants indicated they had at least some interaction with people with disabilities.

Table 5.3. Disability Interaction Frequency and Gender Comparison

	Frequency of Interaction with People with Disabilities			
Gender	Never	Sometimes	Often	Very Often
Male	0	4 (10%)	8 (19%)	4 (10%)
Female	0	5 (12%)	11 (26%)	10 (24%)
All	0 (0%)	9 (22%)	19 (45%)	14 (33%)

N = 42; Percentages are approximate.

Total MAS pretest and posttest scores were analyzed for statistically significant change using a paired, one-tailed, Student's t-test with a 95% confidence interval (CI). Statical data were calculated using both Microsoft Excel and IBM SPSS software. The null hypothesis (H_0) is, "A person-centered disability awareness seminar will not improve the attitudes of congregational members toward a person with disabilities" (H_0: $\bar{x}_1 \leq \bar{x}_2$)[2]. The alternative hypothesis (H_a) is, "A person-centered disability awareness seminar will improve the attitudes of congregational members toward a person with disabilities" (H_a: $\bar{x}_1 > \bar{x}_2$).[3]

MAS total scores have a possible range of scores from a low of 22 to a high of 110 with lower scores indicating more positive attitudes toward people with disabilities. The mean MAS total pretest was 48.81 and the mean MAS total posttest was 41.86. Furthermore, we see that results of the mean difference between pretest and posttest scores were normally distributed (see

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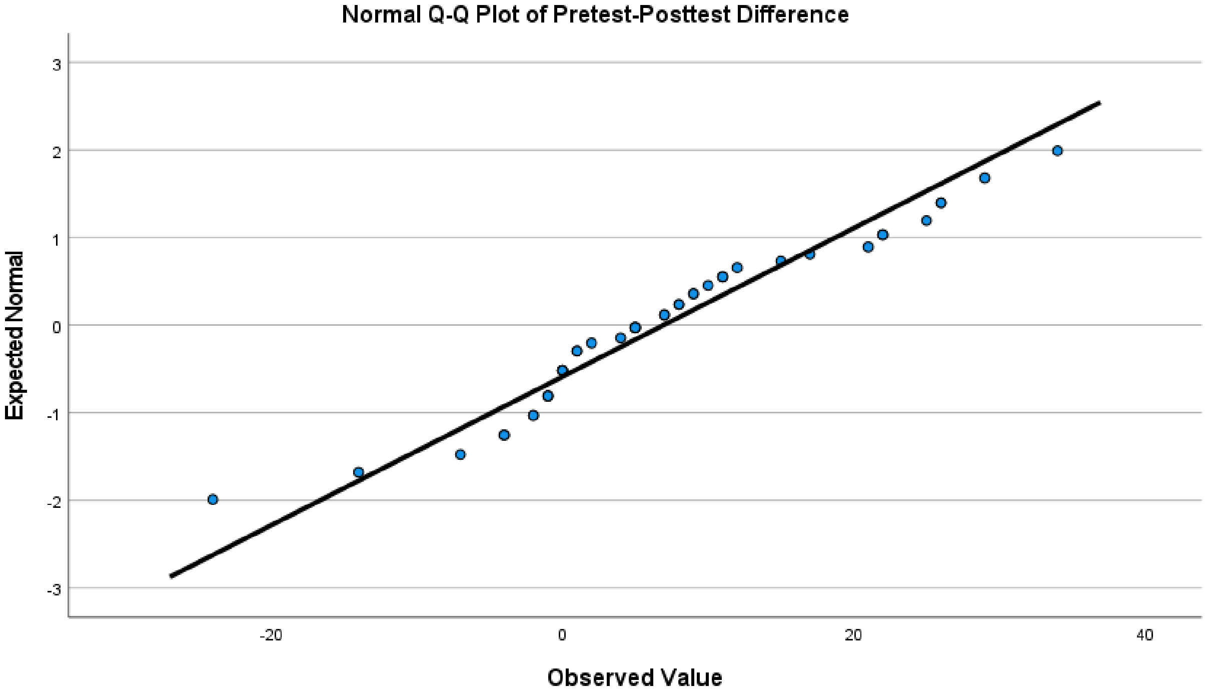
[2] The sample means from the pretest and posttest data are represented by $\bar{x}_1$ and $\bar{x}_2$, respectively.

[3] H_a: $\bar{x}_1 > \bar{x}_2$ because lower scores on the MAS indicate more positive attitudes toward people with disabilities.

Figures 5.1 and 5.2 below) since Shapiro-Wilk test significance value was .138. For this normality test, values which are greater than .05 are considered normally distributed.

Figure 5.1. Normal Q-Q Plot of Pretest—Posttest Difference



The Student's t-test results (*t* = 3.821; *N* = 42; *p* < .001) show a statistically significant gain.[4] The results of the paired samples Student's t-test are reported in Table 5.4 below. For readers unfamiliar with statistics, the *p* value is the main value which helps to determine if the results are statistically significant. The *p* value basically indicates the probability, which is expressed in the decimal corresponding to the number of times in 100 or 1000, that the results would occur if the null hypothesis were true.[5] The normal standard in the social sciences for

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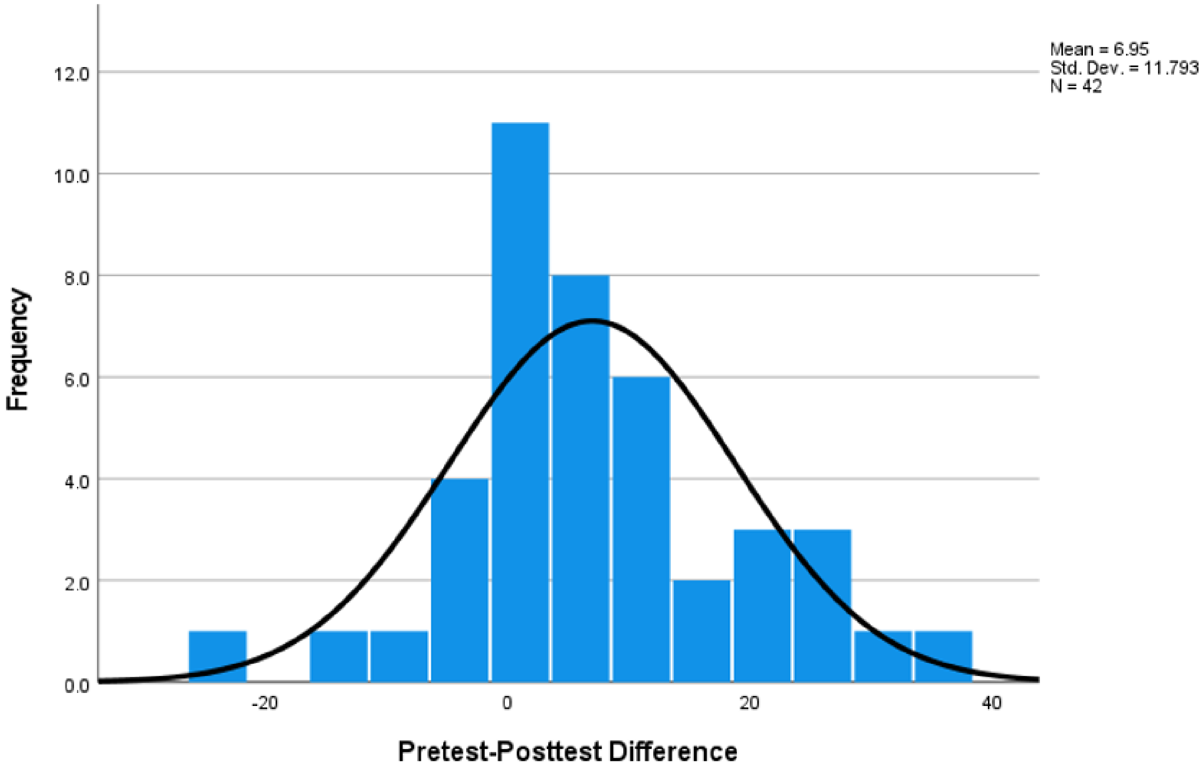
[4] In statistics, *t* distribution is another way to determine statistical significance. In the case of this study with the parameters already described, a standard *t* distribution table tells us that the Critical Value (CV) of *t* is 1.683. Thus, a *t* value > 1.683 indicates statistical significance. For this study, calculations indicated *t* = 3.821, thus 3.821 > 1.683, so we conclude the results are statistically significant based upon the parameters above. In statistics, *N* is simply the number of participants in the study.

[5] See David J. Hand. *Statistics: A Very Short Introduction*, Very Short Introductions (New York: Oxford University Press, 2008), 88–89.

recognizing statistical significance is p < .05. This means one would expect results to occur less than five times out of 100 if the null hypothesis were true. The statistical significance is inversely proportionate to the p value, that is, statistical significance increases as the p value decreases. In the results of the t-test applied to the Total MAS scores, p < .001, which is to say that one would expect these results to occur less than one time out of 1000 if the null hypothesis were true. The null hypothesis (H_0), "A person-centered disability awareness seminar will not improve the attitudes of congregational members toward a person with disabilities" (H_0: $\bar{x}_1 \leq \bar{x}_2$) is therefore rejected since p < .001. This result also indicates that the alternative hypothesis (H_a), "A person-centered disability awareness seminar will improve the attitudes of congregational members

Figure 5.2. Histogram of Pretest-Posttest Difference with Normal Distribution Curve



toward a person with disabilities" (H_a: $\bar{x}_1 > \bar{x}_2$) is significantly more likely. Thus, we accept the alternative hypothesis that the person-centered disability awareness seminar did improve the attitudes of congregational members toward a person with disabilities.

Table 5.4. Paired, One-Tailed, Student's t-Test of MAS (Total Scores)

	Paired Differences							
				95% Confidence Interval of the Difference				
	Mean	Std. Dev.	Std. Error of Mean	Lower	Upper	t	df	Sig. (1-tailed)
Pretest Total Score-Posttest Total Score	6.952	11.793	1.820	3.890	10.015	3.821	41	< .001

N = 42

In addition to statistical significance, it is also important to assess the effect-size. The t-test essentially helped us to determine whether or not the disability awareness seminar worked, but the effect size essentially tells us the how well it worked, that is, the magnitude of its effect.[6] To determine the effect size, we use the statistical measure, Cohen's d. Using IBM SPSS, Cohen's d was calculated as .590. According to Shlomo Sawilowsky, an effect size of .590 (using Cohen's d) would fall in the range of having had a medium effect.[7]

Finally, since the MAS is divided according to affective, cognitive, and behavioral dimensions, I ran the same paired, one-tailed, Student's t-test assuming a 95% CI as above for the MAS Total Scores. I am including just the results of the *p* values and effect size of each in Table 5.5 below. All dimensions showed statistically significant change with behavioral attitudes

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[6] Roger Bakeman and Byron F. Robinson. *Understanding Statistics in the Behavioral Sciences* (Mahwah, NJ: Psychology, 2005), 150–51.

[7] Shlomo S. Sawilowsky, "New Effect Size Rules of Thumb," *Journal of Modern Applied Statistical Methods* 8, no. 2 (2009): 599.

showing the most significance at $p < .001$. Effect size was determined by using Cohen's d. Results showed cognitive attitudes had a small-medium effect while affective and behavioral attitudes showed a medium effect.[8]

Table 5.5. Statistical Significance and Effect Size According to MAS Dimensions

Attitudinal Dimension	*p* value	Cohen's d
Affective	< .01	.448
Cognitive	< .01	.384
Behavioral	< .001	.520

One can easily get lost in the realm of statistical analysis. Every attempt has been made to not only report appropriate statistics, charts, and data but also to reasonably explain their meaning and significance for the benefit of the statistically uninitiated or uninterested. We continue with the analysis of the data from the focus group interview in Phase 2 of the research study.

Phase 2 Data Analysis

There were seven individuals ($N = 7$) who participated in Phase 2 of the research. Phase 2 of the research involved these participants taking part in a single focus group interview over the span of approximately two hours. The goal of the interview was to learn more about the effects the person-centered disability awareness seminar had upon attitudes and relational engagement of participants. It was hoped the interview would also provide a deeper understanding of the data derived from Phase 1 of the research. The focus group also afforded the participants an opportunity to make sense of their experiences in the seminar both as individuals and collectively as a group.

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[8] Sawilowsky, "New Effect Size Rules of Thumb," 599.

Focus Group Participants

To begin the data analysis of Phase 2 of the research, we must begin with a brief introduction of each of the seven individuals who graciously volunteered to share their thoughts and experiences in the focus group interview. These individuals were purposefully selected in order to ensure the focus group was representative of the larger group of participants from Phase 1 of the research study. These participants were also selected because each person brought a unique perspective to the group. Finally, these individuals were selected because I felt all of them would be willing to speak openly about their experiences together with me and with one another. Participant 1, Participant 2, and Participant 3 have generally introverted personalities. Participant 4, Participant 5, Participant 6, and Participant 7 have generally extroverted personalities.

Participant 1

Participant 1 is a woman in her 50s who has been a member of the church for over 20 years. She is married and also a mother. Participant 1 also works in one of the public schools in the area as a paraprofessional with students with varying degrees of disabilities. She also served in the educational ministry of the church for several years.

Participant 2

Participant 2 is a woman also in her 50s who has been a member of the congregation for less than five years. She is single with no children. Participant 2 previously worked as a teacher and administrator in one of our Lutheran schools. She is also Zoe’s current Sunday School teacher.

Participant 3

Participant 3 is a man in his 60s who has been a member of the congregation for less than five years. He is a widower with children and grandchildren. Two of his grandchildren have developmental disabilities. Participant 3 is a veteran and an engineer and has served in various church positions in several congregations.

Participant 4

Participant 4 is a man in his 70s who has been a member of the congregation for less than 10 years. He is married with one child. Participant 4 is a veteran and worked as a counselor. He has also served in varying capacities in the congregation.

Participant 5

Participant 5 is a woman in her 60s who has been a member of the congregation for more than 20 years. She is married with children and grandchildren. One of her grandchildren has developmental disabilities. Participant 5 is a retired medical professional and is involved in one of the congregation's service ministries.

Participant 6

Participant 6 is a man in his 70s who has been a member of the congregation for over 20 years. He is married with children and grandchildren. Participant 6 is a veteran and retired educator who has regularly been involved with the education ministry of the church.

Participant 7

Participant 7 is a woman in her 70s who has been a member of the church for over 15 years. She is married. She and her husband had one son with disabilities (Trisomy 21 or Down syndrome) who recently passed away. Participant 7 is retired and has regularly been involved in one of the congregation's service ministries.

Phase 2 Interview Description

The focus group interview took place approximately three weeks following the person-centered disability awareness seminar. All participants were introduced to one another before we began reading and signing the informed consent forms. I used a semi-structured format for the interview with 15 predetermined questions. All of these questions were open-ended in order to generate natural discussions. The atmosphere was relaxed and comfortable. I aimed to keep the interview experience as natural as possible so the participants and I could have essentially an ordinary conversation together. I believe this was accomplished. We had several serious discussions that were appropriately intermixed with laughter and light-heartedness. All participants were willing to openly share their thoughts and built upon each other's insights. I asked several follow-up questions throughout the interview process, but the initial 15 questions provided a helpful structure to which we could regularly return. Each participant was given a packet of information which they could use to help them remember the disability awareness seminar more clearly. The packet included the informed consent form, a copy of the MAS form from Phase 1 of the research (for reference), a copy of relevant Power Point slides from the disability awareness seminar (for reference), and a list of the numbered questions we were using in the interview (for reference). The list of questions allowed each participant to follow along and take notes if they desired.

Phase 2 Interview Sections

A total of 15 predetermined questions were arranged into three sections focusing on the experiences of the participants in the person-centered disability awareness seminar, the relational engagement of participants with Zoe, and a few questions specifically related to the data derived from Phase 1 of the research study. I will report on the data according to sections using several verbatim quotations which will be followed by a thematic examination of the entire interview.

Seminar Experiences

The participants were asked several open-ended questions about their experiences with the seminar which allowed them to speak freely about anything they deemed important. A conversation between participants quickly ensued as they shared their initial surprise and mutual appreciation that the seminar was specifically about Zoe. For example, Participant 4 offered that,

> integrating her (Zoe) into the seminar was really meaningful and it just kind of brought home some things. If you had made it just generically about anybody, it wouldn't have been the same. But since it was about Zoe and Zoe was there and Zoe was brought into the seminar, it just kind of made it more real.

Participant 2, Zoe’s current Sunday School teacher, echoed the meaningfulness and practical benefit of the specificity of the seminar,

> I think it was very good that it was specifically about Zoe because it helps, at least for me, working with her in the classroom, it helps me understand a little bit more. I realized that I have to be a little bit more intentional in speaking with her and spend a little bit more time and get a little bit more back and forth, which even since the short time since the seminar has helped a lot.

The person-centered, specific approach to the seminar seemed to lead participants to think about others with disabilities. Nearly all participants talked about other specific people with disabilities they know or about people with disabilities as a group. Participant 7 regularly related her experience in the seminar to her son. Participant 3 often brought up his grandchildren in his discussion. Other participants related their experience in the seminar to former and current members of the congregation with disabilities. Participant 6 thoughtfully summarized the meaningfulness of specificity toward Zoe while also thinking about others with disabilities and their specific needs, and even outreach:

> The fact that Zoe was there was really the critical part, the meaningful part, you know, of what we did, what we discussed. To play devil's advocate for a moment, though, you know, we did focus on Zoe, but we have to remember that there are other folks with disabilities that may become our brothers and sisters in Christ that we have to approach differently from Zoe. So not only do we have to deal specifically with Zoe, but we also have to learn how to deal with everyone, the "others." If I could say it that way.

A number of participants shared specific details about Zoe's personality, strengths, likes, and dislikes which they found to be both interesting and revealing. For example, Participant 2 didn't realize that Zoe enjoys physical touch and being rough and wild. Participants 4 and 7 were surprised and impressed by her gift of memory which prompted Participants 5 and 6 to share personal anecdotes of their experiences with Zoe's memory.

Including a brief history of Zoe's past in the seminar was noted by numerous participants as being helpful. The benefit of sharing her history impacted participants who had joined the church more recently and those who had been members of the congregation since even before her birth.

When asked if they felt anything could have been different about the seminar which in hindsight would have been helpful, multiple participants lamented that the youth in the congregation could not participate in the study associated with the seminar. Together they sensed that learning about a person with disabilities through such a seminar would foster and encourage healthy relationships with Zoe and others like her within the congregational community and outside of it for a lifetime. It seemed that many of them had wished they could have had such opportunities in their younger years. Yet, they also understood the limitations and challenges of conducting research on minors for this Major Applied Project.

Finally, participants were unanimous regarding their feelings about what really "tugged at their heartstrings." It was our son, Noah, who is two years older than his sister. Noah was present for the seminar. While not much about him was included in the substance of the seminar, he did contribute to its content. During the seminar's "Questions and Answers" segment at the end of the seminar, one participant from Phase 1 of the research spoke some exceptionally kind and tenderhearted words about Noah. The rest of the participants gave him a standing ovation. It was quite moving for all of us. Participant 7 referenced that episode from the seminar and said, "I sit in church every Sunday and I watch Noah and it just brings tears to my eyes because he is such a good brother." Participant 1 echoed a similar feeling, "It was very, very meaningful to me when you said that no one in your family would change anything. And for a 14-year-old boy to say, 'This is my life and it's okay,' was amazing." These sentiments summed up the feelings of the others in the group, also.

Relational Engagement

In addition to the many positive aspects of the seminar, as we discussed relational engagement, participants were prompted to voice several barriers and challenges which still linger after the seminar, but which also seemed to become more apparent because of it. Many of these barriers and challenges were specific and concrete. For example, the majority of participants noted that it is regularly difficult for them to understand what Zoe says. This problem occurs because Zoe is very soft-spoken, she often speaks quickly and in short bursts while her head moves back and forth due to her disability, and many of our older adults have hearing loss. This is complicated further because of the distance between a standing adult and Zoe sitting in her wheelchair.

Another barrier negatively impacting relational engagement which was discussed has to do with Zoe's idiosyncratic nomenclature: she speaks fluent Disney. Her world is heavily influenced by movies and books, which is manifested in her vernacular. While she can converse about ordinary things, she routinely steers conversations towards subjects she enjoys. So even though it is possible to converse with her about the mundane, it is helpful to know about even one of her favorite books or movies. And like Zoe, many of the participants shared they are most comfortable having conversations which focus upon the topics they enjoy, too.

Participants also discussed that having multiple worship services each weekend (at the time of the interview we had three worship services each weekend) can hinder relational engagement. The effects COVID-19 has had upon worship attendance and adding multiple services (at one point we had 10 services each weekend) were also noted as being an obstacle toward relational engagement. Several participants also noticed and appreciated that during COVID-19 and beforehand that my family rotates which services they attend, often coming Saturday evening and Sunday morning on the same weekend, in order to promote relational engagement with the entire family.

A couple of participants noted that sometimes it can be hard to talk with Zoe because she may not be in a good mood. Her mood can be negatively impacted because of medications, large groups of people, noisy spaces, and, well, she is almost a teenager! This did not seem to deter participants from wanting to engage with her. Rather, her occasional bad moods were interpreted by the group as rather humorous and endearing because it made her more seem more human and relatable.

One key perception which came from our discussion on relational engagement was the awareness that many of the challenges are caused not by Zoe's disability but are reflective of systemic problems faced by the congregation and society at-large. For example, Participants 4 and 6 each noted that a general lack of being able to communicate and converse with others exacerbates and compounds the challenges associated with communicating and conversing with Zoe. Such deficiency in communication, it was thought, contributes to problems in other spheres of life and relationships, too.

Another related example that falls under communication deficiency, which was brought up, is the lack of intergenerational communication and difficulties associated with it. Some participants were optimistic Zoe may actually help to mitigate the generational gap in communication. It was surmised that as adults in the congregation interact with Zoe more comfortably, they might learn from her how to approach other youth more comfortably in the congregation and befriend them.

Building upon the benefits Zoe may provide to the congregation, Participant 5 pondered what influence having a relationship with Zoe could have upon other people with disabilities and their families who may visit the congregation. She offered the following thoughts,

> I think, too, that just having a relationship with Zoe and being comfortable around her, too, I think that if we have visitors in the church or new members that come into the church and see how we interact with Zoe or with other children with disabilities, that that could make them feel more comfortable or welcome.

Once again, discussing a relationship with Zoe invited participants to consider others with outreach and assimilation in view.

The participants were also asked directly about how, if at all, their relational engagement had changed after the seminar. Interestingly, two participants said they had attempted to talk with Zoe at some point but were unable to do so because so many others in the congregation were engaging in conversation with Zoe. “I notice a lot of people coming up to Zoe. I mean, it's almost like they go out of their way to come up to Zoe and talk with her,” Participant 6 observed.

Participant 4 echoed the same, saying, “The other day I wanted to talk to Zoe but [couldn’t because] there was a crowd. Participant 3 had not talked to Zoe but attributed it to his introverted nature. Participant 2 noted the positive impact the seminar had on her relational engagement with Zoe,

> Even though I was in class with her, I treat her more like one of the students without [disabilities], like I said, that being intentional because I didn't want to bring attention to her. I figured that would, you know, make things harder on her. But actually, after the seminar, then I realized that I really did need to be intentional and make sure that she was focused on hearing what I was saying and that she had a chance to express herself as well, which means patience on my part, which isn't always easy, to be honest.

A couple others in the group said they had spoken with Zoe after the seminar with some of the things they had learned from the seminar in mind but that not a great deal had significantly changed largely because they knew her and had conversed with her previously. Participant 1 noted that her interactions with Zoe were often incidental rather than intentional but that she found herself thinking about Zoe more often, included her in her prayers, and had texted Jamie (Zoe’s mom) about a book she found in which she thought Zoe might be interested. Having Jamie, Noah, and I nearby to act as interpreters on occasion was also voiced as being a helpful way to make a conversation with Zoe more comfortable and fruitful.

Participant 6 thoughtfully likened how he felt about relational engagement with Zoe before the seminar and after the seminar to Law and Gospel:

> Before the seminar, before we got together and after we got together is to me like Law and Gospel in the way I looked at Zoe. Law. There are rules. You know, you did this, you had to do this. You had to you know, there are things [where] you [have to] watch your step, don't say anything wrong, you’re uncomfortable. And then after your presentation, it was like the Gospel. It's like, hey, I know a lot about Zoe now. And it was more, you know, comfortable, loving, I don't know, like Zoe became a neighbor for me. It was like Jesus stepped in.

Others noted feeling similar feelings of ease and comfort specifically because they felt they were given permission not only to try communicating with Zoe more intentionally but were given permission to fail with the assurance of grace. Gospel assurance and permission tethered with more concrete knowledge and specific how-to instructions seemed to be the most meaningful aspects of relational engagement.

Participant 6 observed that even with so much of the helpful information learned in the seminar, some people like himself will still need a gentle push to work toward engaging Zoe. He also noted concern that if relational engagement with Zoe is to be successful the push needs to be continuous, “I'm just hoping that a month from now we still have that same effect, behavioral change, because there's a tendency for people to get fired up, but then lose it fast or you know or forget.” The other participants agreed.

In light of the many barriers and challenges which still linger within the sphere of relational engagement participants also collectively thought about and discussed a great many potential solutions to mitigate barriers and challenges that were discussed. For example, when discussing barriers toward audibly hearing Zoe’s speech, Participant 7 suggested having a “Zoe Chair,” that is, an empty chair next to Zoe after worship that would allow older adults to sit next to her to get close and down to her level. Participant 6 suggested maybe having a table or shelf with some of Zoe’s favorite books so that congregants could be invited to grab a book and read with Zoe. Participant 1 thought that it might help to intentionally invite others to push Zoe’s wheelchair or read books with her. Participant 4 wondered if having a “cheat sheet” available with some of Zoe’s likes and dislikes, Disney character descriptions, and conversation starters (similar to a one-page profile) could help make relational engagement more comfortable and less fearful. Participant 6 suggested that perhaps the 20 minutes or so between worship and Sunday School could be “Zoe Time” in which the congregation could intentionally seek to spend time with Zoe in some way. He also shared that for the last several years he has put Zoe on his smartphone calendar at the same time every day to remind him to pray for her. Participant 7 thought it would be good for me to share our specific needs with the Board of Elders or at least one specific person on a regular basis. Other ideas were brought up that went beyond relational engagement with Zoe toward identifying ways to bless individual members of our family which was very touching.

Participant 6 posed a very deep and difficult question during this segment as he thought about relational engagement with Zoe and with other people with disabilities. He asked, "How do I treat a disabled brother or sister in Christ differently without treating him or her differently?" After thinking about it briefly, he answered his own question, "But the more I think about that, I underline brother and sister, because if we really are brothers and sisters…." In response to his question, Participant 3 suggested that we actually have to wrestle with that challenge in a broader way as it applies to other children and adults as well. And if we really knew Zoe or any other person deeply and intimately as we ought, as Christians, we should not have to worry about causing offense.

Understanding Phase 1 Data

The final segment of the interview sought to better understand the data gathered from Phase 1 of the study. I began by sharing with participants that the quantitative data seemed to indicate that the seminar worked at improving attitudes and that it worked decently well. They were then asked why they believed the data showed improvement in attitudes. Participant 2 was quick to answer, "You related it to something we could see and touch and interact with. It made it real to us. We can understand it." Participant 5 discussed how the seminar alleviated much of her fear and anxiety by answering questions she had always wondered about. Participant 4 believed that Zoe's actual participation in the seminar was the vital key to its success. Other participants agreed even suggesting that without her participation and the opportunity for her to actually have a voice in the seminar that it would not have worked, or at least not nearly as well as they perceived it did.

Participants were asked about their thoughts regarding behavioral attitudes seeming to show the most improvement in the Phase 1 statistical data. Participant 1 surmised that behavioral change is a prerequisite for cognitive and emotional change to occur. Participant 2 believed it was because “you gave us specific ways to interact. You know, you said if you want some clues here, you can do this. And for me, that is a big game changer right there. I need specifics. So…those kinds of examples were a big help.” Her thoughts were agreed upon by the others in the group.

Phase 1 data showed that a few participants had MAS scores that were worse after the seminar than before it. I asked the participants in the focus group to speculate about why this occurred. Most participants felt it was probably attributable to humor error of not reading the MAS closely enough. A discussion then continued about some of the challenges associated with the MAS itself. The primary problem was identified as the brief vignette in the MAS. They felt as though it did not provide quite enough information to make informed decisions about all of the questions. Secondly, participants seemed to overthink the scenario in the vignette. Participants 5 and 7 thought it was reasonable based upon the seminar that the results could be legitimate. It may have been that some participants were uncomfortable and fearful of someone with disabilities or someone in a wheelchair. For some of them making the situation real through the seminar had a positive impact while for others it became even more frightening.

The interview concluded by inviting the group to discuss anything else they deemed important that had not yet been addressed. Participant 1 shared her admiration for Jamie and all she does for Zoe. This prompted Participant 4 to share that he wished Jamie would have spoken more during the seminar to get more from her perspective, also. I reassured the group that Jamie participated a great deal in crafting the content of the seminar and that because she does not enjoy public speaking, we agreed beforehand that she would get up to speak if I missed something or if she felt it necessary. I closed by thanking everyone for their participation and we concluded the evening with the Lord's Prayer.

Phase 2 Interview Themes

There were a total of 25 different themes that emerged from the focus group interview. Most of the themes should be self-explanatory. Often more than one theme was used to code the same portion of the transcript. For example, Participant 2 shared, "After the seminar then I realized that I really did need to be intentional and make sure that she was focused on hearing what I was saying and that she had a chance to express herself as well, which means patience on my part, which isn't always easy, to be honest." I coded this section with three themes: Intentionality, Listening, and Challenges. Also, when other participants agreed with Participant 2 immediately following her comments, I did not add more coded themes if they were redundant. However, if an additional theme was presented, it was coded accordingly. Coding data for themes can be quite arbitrary and biased. This project is no different. While I used MAXQDA software to help in coding the data from Phase 2, I used only its most basic functions to help me better understand and code the data.

The focus group interview elicited a variety of themes (see Table 5.7 below). The theme of Challenges (which admittedly is rather broad) had the greatest number of occurrences at 31. Challenges encompassed both the narrow and concrete (e.g. difficulty understanding Zoe's speech) as well as the broad and abstract (e.g. poor intergenerational communication). The participants also demonstrated a desire to meet those challenges with Congregational Dedication, Care, and Support and New Ideas accounting for 40 total occurrences.

Table 5.7. Phase 2 Focus Group Interview Coded Themes

Coded Theme	Number of Occurrences
Challenges	31
Congregational Dedication, Care, and Support	24
Specificity Benefit	17
New Ideas	16
Zoe's Participation	14
Learning	14
Society At-Large Connection	13
Surprise/Amazement	13
Theological Connection	12
Openness	12
Approachability	11
Fear	10
Intentionality	9
Knowing	8
Listening	7
Zoe Blessing Others	6
Admiration	6
Tangibility/Realness	5
Reliance on Parents and Family	4
Fun	3
Questions Generated from Seminar	3
Zoe Same as Others	3
Grief	2

Discussion about the seminar in the focus group interview generated a great deal of thought regarding people with disabilities other than Zoe. The benefit of the person-centered nature of the seminar was reflected most obviously in Specificity Benefit but was also present in other themes such as New Ideas, Learning, Surprise/Amazement, Intentionality, Knowing, Listening, Admiration, and others.

Many of the challenges expressed in the interview were associated with problems observed in society as a whole as found under Society At-Large Connection. A couple of those connections have already been discussed above. Having Zoe verbally participate in the seminar was also among the more frequent themes generated in the focus group discussion. The theme of fear came up 10 times in the discussion. Interestingly, it was often associated with "wheelchair." Openness also was brought up several times. It indicated that participants described our willingness to be both clear and vulnerable about Zoe and both her and our family's experience with disability.

Finally, the number of times participants made a theological connection of some kind was significant. Perhaps this is to be expected in a church setting. But it is worth mentioning that none of the questions I asked were overtly theological or biblical. Participants made these connections on their own.

Another way to understand the thematic content of the focus group interview is to simply examine the kind language used by the participants. Using MAXQDA software, I was able to generate a word cloud based upon the transcript to give a visual of the kind of language used most frequently during the interview (see Figure 5.3 below). The word cloud provides a visual snapshot of the most used words in which the frequency of word usage directly corresponds to the size of text font. With a little creative license, if we arrange the largest, most frequently used words into a single sentence we get, "[To] know Zoe [and to] think [about] her [is] good." This concise sentence is a wonderful and accurate portrayal of the content and character of the focus group interview.

Figure 5.3. Word Cloud of Phase 2 Focus Group Interview Transcript

Discussion

The goal of this section is to attempt to interpret the data derived from Phase 1 and Phase 2 of the research study in order to answer the research question, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?"

Attitudes towards people with disabilities and relational engagement are important indicators—positively or negatively—of belonging and inclusion for those persons and their families in congregational settings. The theological foundation proposed in Chapter Two and the literature explored in Chapter Three of this Major Applied Project both highlighted that an emphasis upon the uniqueness of a specific person with disabilities is warranted and necessary in a Christian congregation. And yet, little, if any research has been done regarding the utility of such an approach with a specific person with disabilities and a specific congregation by assessing attitudinal change and relational engagement. This research study has sought remedy this gap by measuring attitudinal change in congregational members and relational engagement using a mixed methods approach while utilizing a person-centered seminar.

The data from Phase 1 of the research strongly suggest that a person-centered disability awareness seminar is a viable way in which to improve congregational attitudes toward a person with disabilities as indicated by the results of the paired, one-way, Student's t-test ($p < .001$) and the medium effect size (Cohen's d = .590). These data suggest that the seminar worked at improving congregational attitudes and that it worked moderately well. Furthermore, behavioral attitudes were highlighted as having a greater statistical significance ($p < .001$) and effect size (Cohen's d = .520) than cognitive attitudes or affective attitudes. Even though a pretest posttest design would ordinarily use a control group, the addition of qualitative data analysis in Phase 2 of the study corroborates the findings of Phase 1 in ways that a control group could not.

Phase 2 participants held a generally low view of the MAS. This was primarily because they felt the vignette needed to provide more information. As mentioned above, I believe at least part of the reason they held this view was because they overthought the scenario in the vignette. I believe this could be corrected if the MAS included standard and clear instructions pertaining to its administration. There are no such instructions available. While I gave basic instructions myself, these instructions were apparently deficient.

The qualitative findings of the research corroborated the findings of the quantitative data especially regarding an improvement in behavioral attitudes. It was suggested by one participant that behaviors precede changes in cognition (thoughts) and affect (emotions). I suspect behavioral psychologists would agree. The relationship between behavior, cognition, and emotions as they pertain to attitudes toward people with disabilities may be an area of future research worth exploring. Whatever the case, the data in Phase 1 suggest behavioral attitudes improved more than cognitive and affective attitudes. However, the thoughts and emotions of participants were impacted positively to a modest degree for most participants as Phase 1 data show. From what I could discern in Phase 2 of the study, emotions are at least more complex than thoughts and behaviors and will likely take more time to change, both significantly and positively. In the discussion below, I discuss the ways in which cognitive, affective, and behavioral attitudes were impacted.

The data from Phase 2 of the research helped to better understand why and how attitudes toward people with disabilities were improved due to the seminar. Participants indicated the specific, person-centered approach of the seminar coupled with Zoe's participation in the seminar as being quite meaningful and valuable to them. Importantly, data from Phase 2 of the seminar suggest that a seminar about one specific person does not limit the benefit of the seminar to that one person. Instead, such an approach may benefit all people with disabilities as participants in Phase 2 frequently related their experience in the seminar to many other people with disabilities besides Zoe herself. Even though I did not spend much time differentiating between physical and intellectual disabilities in the seminar, participants in Phase 2 recognized a difference between the two with ease. And rather than being problematic, Phase 2 participants simply voiced the necessity to attend to the specific gifts and needs of an individual regardless of his or her disability just as they were attempting to do with Zoe.

The improvement of attitudes does not magically make other barriers disappear. Rather, the improvement of attitudes may actually bring more clarity and attentiveness to challenges and barriers inhibiting inclusion and belonging. But as people become more aware of challenges and barriers in a congregational context, they may be inspired to think creatively about how to mitigate, solve, and address those challenges and barriers as participants in Phase 2 demonstrated with the theme of New Ideas being coded 16 times. I suspect this was due not only to an improvement in attitudes and knowledge about Zoe's life but also a Spirit-filled godly desire to love her as evidenced by the 24 times the Congregational Dedication, Care, and Support theme was coded.

As I developed the seminar, I assumed the congregation already had a godly desire to care for Zoe and our family. I also assumed that the primary reason for barriers to such care was simply because they had not been taught and shown how to best put those godly desires to good use, particularly in the area of relational engagement.

Phase 2 data helped to answer the relational engagement component of the research question. Challenges came up several times when participants were asked about relational engagement. It is also the area in which the greatest number of ideas were shared. Without realizing it at the time, I believe allowing participants to voice their discomforts and concerns in a safe manner and then discussing ways to mitigate them is critical toward improving relational engagement between congregational members and a person with disabilities. That is to say, having an open conversation about relational engagement cannot be optional—it is necessary. Such a conversation allows all parties involved to process information, ask questions, and develop a creative and intentional plan of action together.

Most participants in Phase 2 were not able to share specific interactions they had had with Zoe after the seminar. Of those that had, it was evident they had at least attempted to put things they had learned in the seminar into practice. I suspect the reason many of them had not interacted personally with Zoe was due the limited amount of time and opportunities to do so between Phase 1 and Phase 2 of the research study. Even though it is outside of the scope of the project, it will be interesting to see if anything changes in the future. Yet, as participants in Phase 2 observed, others had found time and opportunity to engage conversationally with Zoe. Many of these people had few or no prior engagements with her. These engagements were also occurring with such frequency that a few Phase 2 participants had tried but were unable to visit with Zoe between Phase 1 and Phase 2 of the research study as noted above. These facts lead me to conclude that a person-centered disability awareness seminar is a viable way to improve relational engagement between a person with disabilities and other members in a congregational setting.

Phase 2 participants were clear and unanimous in their discussion that Gospel assurance and permission tethered with concrete knowledge about Zoe, and specific how-to instructions were among the most valuable pieces of the relational engagement component of the seminar. Still, relational engagement will always be difficult for some people in a congregational setting. Such difficulty may reflect a person’s introverted nature, his or her averseness to change, intergenerational discomfort, worship time logistics, or even hearing loss. And when relational engagement involves a person with disabilities, even a fear or general discomfort around a person in a wheelchair may prove to be a stubborn barrier to overcome.

It is evident that any intervention which aims to improve attitudes and relational engagement cannot be a one-time event. Attending to the attitudes and relational engagement of congregational members toward people with disabilities requires continual attention just like many other areas of sanctification and ministry.

Those in the field of disabilities studies, along with people with disabilities themselves have often suggested a move away from strictly one-way care and support toward mutual care and support. Essentially the argument is made that we ought not forget that people with disabilities may meaningfully contribute to the lives of others. As such, “ministry *with* people with disabilities” is preferred over, “ministry *to* people with disabilities.” I did not discuss this distinction at any time during the seminar or focus group interview. Personally, I believe it is sometimes appropriate for Christians to learn to be okay simply receiving care. Perhaps paradoxically, this is one of the many ways Zoe has blessed me. I also hope that the contributions of people with disabilities are not overlooked. Helpfully, the focus group demonstrated that when God’s people love someone in their midst, we may not have to be overly worried that such mutuality will be neglected or go unnoticed. Phase 2 participants naturally recognized and voiced ways Zoe currently contributes to others and many other potential ways she may contribute. It may be in some cases, such as in a caring Christian congregation, that mutual care, love, and support can occur organically and fruitfully through knowledge, relationships, and love.

I was pleasantly surprised that several participants in Phase 2 interpreted their experience in the seminar with theological lenses. As previously mentioned, none the of the questions I asked were overtly theological—nor was the seminar deeply theological. And as I shared above, some of these theological connections were quite profound as one participant beautifully compared his experience in the seminar to Law and Gospel. Others used language of unity and fellowship to describe the true and biblical nature of the church. During the seminar, I invited participants at one point to consider their own vocation when interacting with Zoe by saying, “Think about your own likes and God-given gifts and consider trying one thing that works for you.” I then gave four specific examples of what others in the congregation had tried. Remarkably, Phase 2 participants were attentive to Zoe’s vocation and needs in many ways more than their own. That is to say, they were willing to go out of their comfort zones for Zoe’s sake.

This posture of sacrificial service is reflective of the Sacrificial model of sanctification[9] and is characteristic of Paul's instruction that Christians are to have the same mind as Christ Jesus, looking not only "to his own interests, but also to the interests of others" (Phil. 2:4). Throughout the interview, even as Zoe was unfamiliar to them in many ways, participants showed a constant concern for her well-being, desiring to move toward treating her as family rather than merely as an unfamiliar stranger which is a quintessential mark of biblical hospitality.

I believe participants' ability and inclination to think about the topic of disabilities in a theological way has ramifications for how disability awareness is addressed in the church. I am not suggesting that Bible studies or theological conversations are unimportant. That is, I am not proposing a false dichotomy between theological discourse and how-to instructions. I am suggesting that, in many cases, a good theological grounding may already be in place due to solidly Biblical preaching and teaching. Thus, if we desire inclusion and belonging for people with disabilities, a person-centered disability awareness seminar is a tool a congregation may add with fruitful results in both the sphere of practical sanctification and theological discourse with regard to people with disabilities.

Finally, based upon the comments in Phase 2 of the research study, our family's vulnerability and openness were shown to be keys to the seminar's success. I recognize that not all pastors, their spouses, or their children are comfortable being so vulnerable and open. I also recognize that some congregations may have a hard time lovingly listening and responding to such vulnerability and openness. Yet, such vulnerability and openness on the part of my family proved to be vital. Some aspects of this seminar, such as the participation of the person with disabilities, may prove difficult or impossible depending upon the type and level of disability a

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[9] See discussion above in Chapter Two under "Imaginative and Intentional Specificity."

person has. I can only encourage others to be creative. That is the beauty of a person-centered approach—you can tailor a seminar or even a conversation to suit the unique and specific needs of those involved.

The results of the data from Phase 1 suggest a clearly positive effect upon congregational attitudes toward a person with disabilities with the greatest effect and statistical significance in the realm of behavioral attitudes. The results of Phase 2 of the data suggest a clearly positive effect upon congregational attitudes toward a person with disabilities and a positive effect upon the relational engagement. These conclusions lead me finally to the answering the research question in the next chapter, "How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?"

CHAPTER SIX

SUMMARY AND CONCLUSION

"How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?" I believe an answer is now ready to be given. This question is not overtly theological, but posing this question is driven by theological assumptions delineated in Chapter Two of this Major Applied Project and practical necessity described in Chapters One and Three of this Major Applied Project.

As Chapter Two sought to demonstrate, people with disabilities matter to our Lord. His protection and provision for them spring forth from his own love and holiness. In both the Old and New Testaments, he invites his people to respond to his gracious calling to love their neighbors with disabilities in creative and intentional ways while seeking to better understand the spiritual, emotional, and physical needs of those specific neighbors. And he continues to call and invite his people to do so. The church has long recognized the doctrines of active righteousness and Christian vocation as proper ways to think and act upon loving one's neighbor. Person-centered/neighbor-oriented models of sanctification aid Christians in fulfilling our Lord's call and invitation for his church to love all neighbors, including those with disabilities and their families.

Chapter Three demonstrated that attitudes of congregational members play an important role, positively or negatively, concerning the inclusion and belonging of people with disabilities and their families. The literature revealed that disability awareness training can be a productive way to change attitudes. Current research also emphasized the need to be attentive to the uniqueness of each person with disabilities and each family of a person with a disability.

Furthermore, each person and family ought to have a voice concerning the type of support and care they need. In general, it was proposed that congregations have a desire to care for, support, and love people with disabilities and their families but are often uncertain or hesitant about how to do so and need to be taught and shown how to do so in order to mitigate their fears and uncertainties. This reality is present in my own congregation's relationship toward our family. Natural supports abound in congregations and are unique to each congregation as individual members carry out their vocational callings while utilizing their God-given gifts and talents. Local and personal care for people with disabilities generally work better than large governmental or denominational systems since local entities are able to be much more nimble, flexible, and person-centered than one-size-fits-all approaches typically used in large systems. Furthermore, the findings of Chapter Three resonated with the findings of Chapter Two since the various ways Christians rightly practice inclusion and belonging with people with disabilities and their families are nothing less than the Spirit-filled manifestation of loving one's neighbor in creative and imaginative ways tailored to specific individual needs in response to God's invitation and command.

Over the last several years, those who have studied disabilities with a special focus on Autism Spectrum Disorder (ASD) have repeatedly expressed the truism, "If you have met one person with autism, you have met one person with autism." Based upon what has been proposed in Chapters Two and Three of this project, I believe we might also conclude, "If you have met one person with a disability, you have met one person with a disability." The ramifications of this conclusion are manifested in the person-centered/neighbor-oriented approach to the disability awareness seminar.

How. It is the first word of the research question. It also captures the essence of the answer to the research question. In the person-centered disability awareness seminar, I asked a couple of simple questions that began with the word, “how.” I asked, “How do you love another person?” A few vague answers were given. I asked, “How do you love a person with disabilities?” No answers were given. I complimented the congregation on giving the right answer at that point. It is virtually impossible to answer such a question because the answer is dependent upon at least two individual people. I then asked, “How can you love Zoe?” Now, that was a question that could be substantively answered. And the seminar provided specific answers to that question. The content of the seminar also provided information about Zoe that invited each participant to use his or her God-given gifts, talents, and vocations to imaginatively and creatively think about how to love Zoe in meaningful ways. Zoe also participated several times during the course of the seminar.

“How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?” I believe focusing on these facets of “how” provides the first answer to the research question. Tell the congregation how to love, care, and support a specific person with disabilities. Show the congregation how to love, care, and support a specific person with disabilities. Invite the congregation to think about and discuss how they each might put love, care, and support into practice with a specific person with disabilities. Encourage the congregation to put the “how” into practice with a specific person with disabilities. These features of the seminar harken back especially to the basic elements of the Sacrificial model of sanctification discussed in Chapter Three.

Coming to such a conclusion hardly seems like it should be a grand epiphany. It seems like it should be common sense. The simplicity of the answer seems almost anticlimactic given how much time and effort I have expended on this project. And yet, this simple, common sense solution seems to be lacking in a great many congregations and for people with disabilities and their families.

A word of caution is in order as I argue that showing, telling, and practicing "how" is the best way to answer the research question. If we make the assumption that we now have a template or checklist for loving a person with disabilities, it could make it easier to fall into a Pharisaic pattern of faithlessness without any love at all. Jesus storms against the Pharisees for such a checklist mentality when it comes to the things of God and the neighbor. He warns them to reconsider the weightier matters of the law: righteousness, mercy, and faith (Matt. 23:23–24). He calls them to learn what God means when he says, "I desire mercy, not sacrifice" (Matt. 9:13, 12:7). Righteousness, mercy, faith, and love matter to God.

For a long time, I considered, "Perfect Love Casts Out Fear," (1 John 4:18) as the primary title for this project. Initially it was attractive because I thought it captured well the Biblical character Christians ought to have toward Zoe and other people with disabilities. The Holy Spirit has convicted me since that such a title better befits me. In a society that demands rights, justice, and equality it is easy to start to feel entitled to such things. John Swinton once wrote, "rights without love won't work."[1] I think it is fair to assume that he attributes "rights" to people with disabilities and "love" to the non-disabled when he makes this argument. I do not disagree with the tenor of his argument. But I have noticed in myself and in others who are "insiders" in the world of disabilities that we perhaps too readily make demands and assert rights. There are times

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[1] Swinton, "Who is the God We Worship?" 305.

when such an approach is both necessary and even godly. But these are the ways of God's left-hand realm. Making demands and asserting rights do not lead to love. Love and compassion are resistant to any kind of coercion. I have learned/am learning that I must love as God in Christ has loved me. I am the one who is called to love perfectly so that fear may be done away with and so that rights may be superseded with the Gospel. I need to be reminded of and practice the weightier matters of the Law.

It seemed the participants in Phase 2 of the research study were somewhat taken aback when I gave them permission to fail and offered *carte blanche* Gospel assurance ahead of time. They found this Gospel assurance to be among the most meaningful aspects of the entire seminar. As one participant noted above, it was at this point that Zoe became a neighbor to him.[2] Showing such grace is nothing less than the Christian faith. We love because God first loved us (1 John 4:19). We forgive because God in Christ forgave us (Eph. 4:32). Without this love, forgiveness, and Gospel assurance, I do not believe the seminar would have had the positive impact that it did. So, "perfect love casts out fear" applies to the non-disabled, to "outsiders." But "insiders" dare not believe for even an instant that this Word does not apply first to themselves. In my situation, God's Word holds true as the more grace and love I show, the less fearful and uncomfortable I and others are.

Finally, the love we have experienced and received from our congregation has removed much fear from our own hearts and allowed us to be honest, genuine, vulnerable, and open about Zoe's needs and our needs as a family even by including Zoe in the seminar. Do we still sin

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[2] This observation ties in nicely to the arguments made in Chapter Two under the headings "Active Righteousness and Vocation" and Imaginative and Intentional Specificity."

against each other and hurt each other at times? Sure, we are family after all. But we are also the Body of Christ and so we forgive one another and keep right on loving and serving each other.

I have proposed a three-fold answer to the research question, “How can a person-centered disability awareness seminar in a congregational setting improve the attitudes and relational engagement of congregational members toward a person with disabilities?” In summary, these three answers are: 1) Exploring the specifics of “how” to love and engage Zoe; 2) Mutual love, grace, and forgiveness; and 3) A willingness to be honest, genuine, vulnerable, and open about Zoe and our family. It is now time to consider the future beyond this Major Applied Project.

Possibilities for Future Ministry

Until the eschaton, no project like this will ever be truly complete. We will next be working on providing a similar person-centered disability awareness seminar about Zoe for those who were unable to attend the first one for this project. Additionally, we will work toward providing something similar for her peers. We will also aim to put some of the new ideas generated from the focus group interview into practice such as a “Zoe Chair” and “Zoe Time” after worship and before Sunday School and perhaps a cheat sheet in the form of a one-page profile of Zoe. I expect more ideas and discussions to come about as we pursue these goals.

We will also be working on having conversations about implementing seminars or one-page profiles for others with disabilities in the congregation depending upon what those individuals and families desire. A larger goal is to work toward helping other pastors and congregations in the South Dakota District of the LCMS navigate the challenges involved in disability ministry. I have several colleagues who have children with disabilities, and it is hoped that a version of this project may be transferrable to their ministry contexts.

Suggestions for Future Research

Confessional Lutherans need to enter the conversation regarding disability theology and practice. The silence and naïveté of our pastors and scholars in this field is disappointing because our understanding of Scripture and rich theological heritage have so much to offer. Bethesda Lutheran Communities and Lutheran Hour Ministries in the LCMS are trying hard, but I am also certain they would not mind help. Disability theology is perhaps just growing out of its infancy. A conversation partner from my own denomination (LCMS) would benefit the field and the people it effects a great deal. One pressing area needing more attention is reflection on human disabilities in light of Biblical theology. A Lutheran treatment of eschatology and disabilities is also needed. Other potentially fruitful areas of study may be found in the relationship between disabilities and any of the following: the two realms, worship, catechesis, the theology of the cross, active righteousness and sanctification (perhaps building on this project), homiletics, and pastoral care. Finally, we need research and ministry resources pertaining to Autism Spectrum Disorder (ASD) as more and more children in our congregations and communities are being diagnosed with this challenging disability. Since very little has been published on disabilities from a Confessional Lutheran perspective, the field is wide open.

I hope this project opens opportunities for those whose calling it is to study congregations, for those interested in disability ministry, or for ecclesial supervisors to consider ways to bless the many pastors and their families which include a child or another person with disabilities. We need your help. I also believe there is opportunity for those who study congregations and families that include a child with disabilities to do more research on person-centered approaches which highlight a specific individual with disabilities in a congregational context and in general. More research that includes the voices of people with disabilities is also needed. I would further encourage qualitative or quantitative studies which investigate attitudes and experiences of congregational laity rather than focusing only upon people with disabilities and their families. As this project has shown, having open and honest conversations with such people can be a fruitful endeavor. Another possibility for research may exist in interdisciplinary studies between theology, medicine (especially physical medicine and rehabilitation [PM & R]), education, history, psychology, and the social services. Some of these fields recognize the importance of spiritual care but have not had many conversation partners in the field of theology.

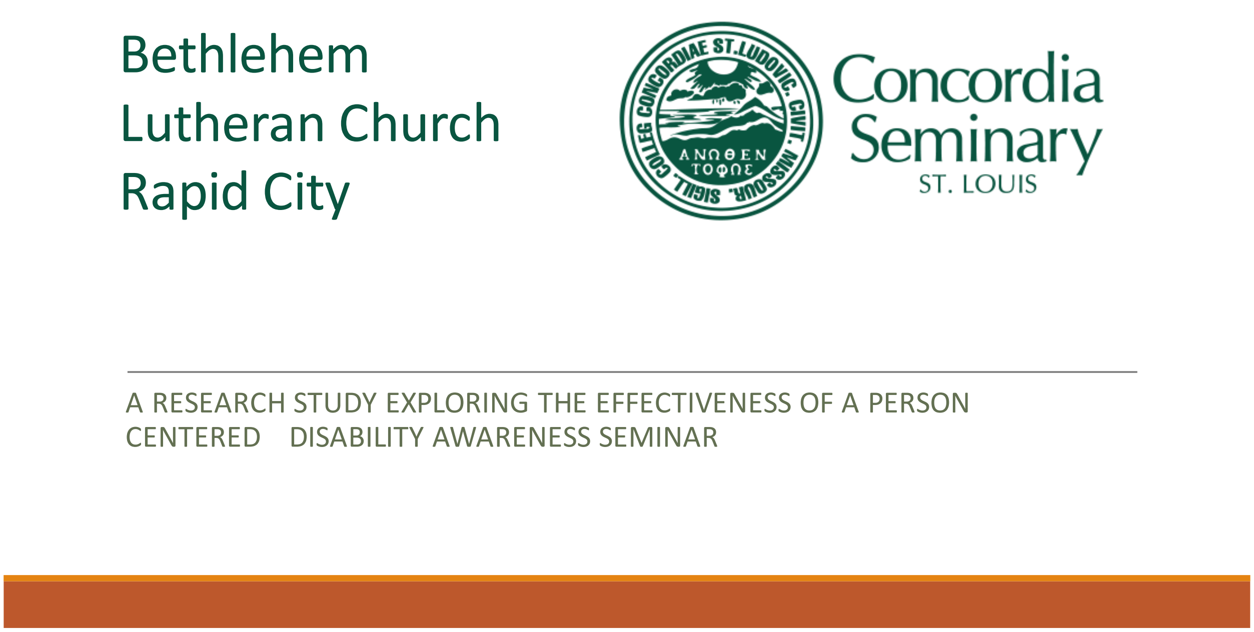
Finally, I sincerely hope the faculties of Concordia Seminary in St. Louis and Concordia Theological Seminary in Fort Wayne consider ways to bless people with disabilities and their families in the formation and training of our future pastors.

A Word to Pastors Who Have a Child with Disabilities

It is hard being a pastor. It is hard being the parent of a child with disabilities. For those who are both, life and ministry can be overwhelming beyond degree. Congregations may not always recognize how hard and overwhelming life and ministry can be. There are some congregations that try to understand. My congregation is one of them. I recognize there may be tension between a pastor and his flock for a variety of reasons. I recognize that congregations can wound pastors and their families by the hurtful things they say and do and vice versa. I recognize some pastors have a view of ministry which may prohibit them from being open, honest, and vulnerable about a topic so deeply personal. I recognize some pastors and their families may have personalities that would find such vulnerability and openness to be tremendously hard. I sincerely wish I could propose a viable way for such pastors to receive the care, love, and support they need without vulnerability and openness. I simply cannot do so. I can exhort such pastors, their families, and their congregations to be as they really are—one in Christ Jesus. And I pray that the power, love, and grace of our Lord Jesus Christ manifested in the Gospel will indeed cast out your fear. And I can offer that such pastors, their families, and their congregations do not have to traverse this difficult road alone. I and others are willing to walk with you if you allow us to do so.

APPENDIX ONE

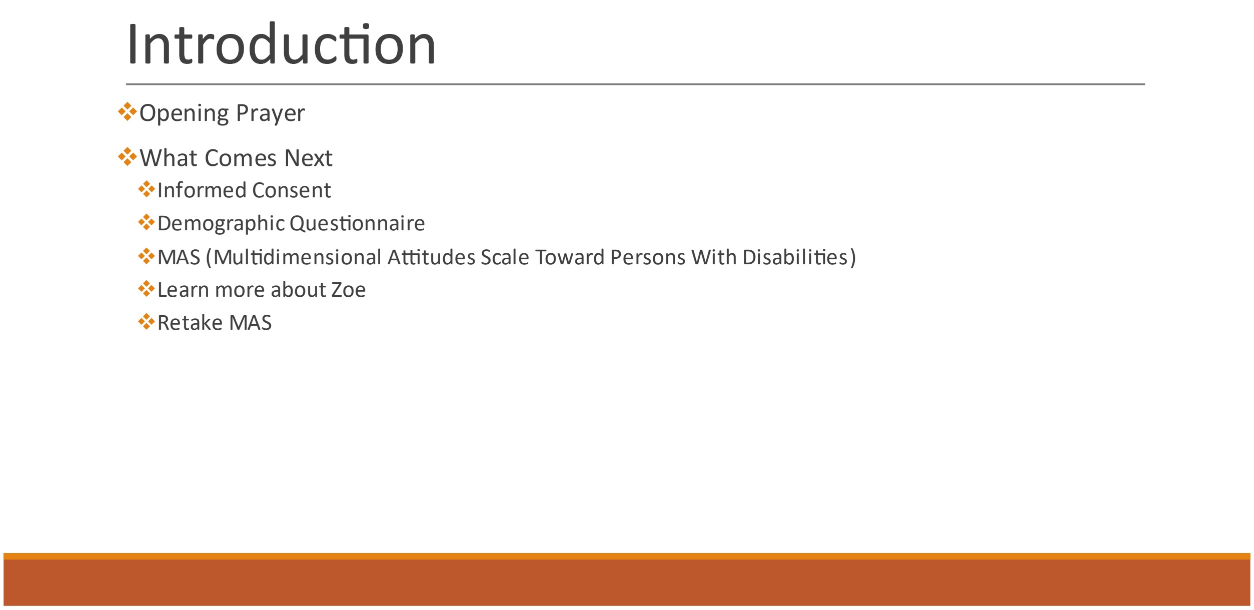
Person-Centered Disability Awareness Seminar Power Point Slides



Bethlehem
Lutheran Church
Rapid City

Concordia
Seminary
ST. LOUIS

A RESEARCH STUDY EXPLORING THE EFFECTIVENESS OF A PERSON CENTERED DISABILITY AWARENESS SEMINAR



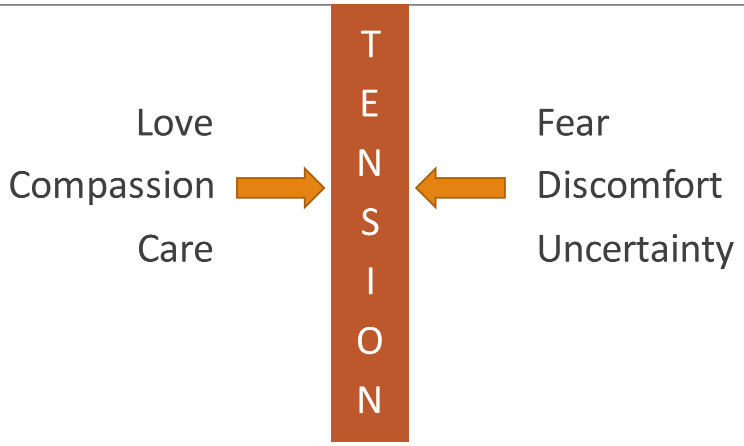
Introduction

- Opening Prayer
- What Comes Next
  - Informed Consent
  - Demographic Questionnaire
  - MAS (Multidimensional Attitudes Scale Toward Persons With Disabilities)
  - Learn more about Zoe
  - Retake MAS

Complete

- Informed Consent
- Sociodemographic Questionnaire
- MAS

Why are we here?



Love

Compassion

Care

TENSION

Fear

Discomfort

Uncertainty

Our Hope Today

ALLEVIATE ATTITUDES OF	ENHANCE PRACTICES OF
Fear	Love
Discomfort	Compassion
Uncertainty	Care

Being Specific Matters

Q: How do you love a person?

A: **???**

Q: How do you love a person with disabilities?

A: **???**

Need a person with a name and a face!

Q: How do you love Zoe?

A: **Plenty of answers!**

Most things I tell you don't apply to
all people with disabilities! Just Zoe!

Examples

Ground Rules

Learning about Zoe and Our Family

Engaging with Zoe

1. You have permission to ask questions and to fail
2. You do not need to worry about offending
3. Mistakes are better than silence or doing nothing
4. You do not need to be an expert to be friendly
5. You do need to be intentional
6. You are invited to be creative
7. Goal is not to shame about past
8. Goal is for all to learn and grow

Getting to Know Zoe

Beginnings

25 weeks

1 ½ pounds

NICU for 3 ½ months (Easy part)

Cerebral Palsy

Maybe Something Different?

Complex Movement Disorder

TODAY

12 years old

Southwest Middle School

Profound Physical Disabilities

Mild-Moderate Intellectual Disabilities

- Largely social
  - Why?
    - Physical disabilities play a part
    - Few people are willing to have a conversation with her

Zoe Inez Jones (!)

LIKES

Movies (but I am picky!)

Reading (especially with others)

Stuffed Animals (characters, not generic)

Music

Singing

Showing friends my room

Being at home

DISLIKES

Terms of endearment (Sweetie, Honey, Baby, etc.)

Asking if I'm tired

Invading her space without permission

Large Crowds

Noisy Spaces

Talking about me in front of me without talking with me

Math

Did you know?

I love to laugh

I have a good sense of humor

I work hard

I am creative

I have an incredible memory

I am very protective of people I love

I like to rough-house and be wild

I get hangry

I say what I mean

I am helpful

I pray for other people every day

I am always content

I am patient

I am loyal

I am spunky

I like physical touch

My Favorites

Activities

Places

Stuffed Animals (Jeff F.)

Foods

Zoe’s Family

Experience of Disability

ZOE	FAMILY
Quality of Life	Quality of Life
10/10	?/10
Always Content	Wrestle with Contentment
“Zoe what do you want to do tomorrow?”	
“Let’s go to the hospital!”	“Zoe, you’re crazy!”
	Uniquely hard for Noah

Did you know?

Hardest part for family?

Daily grind, not hospitals

Needs?

We don’t always know; most families don’t

Learn from you especially when you ask questions

EXAMPLE: LORETTA

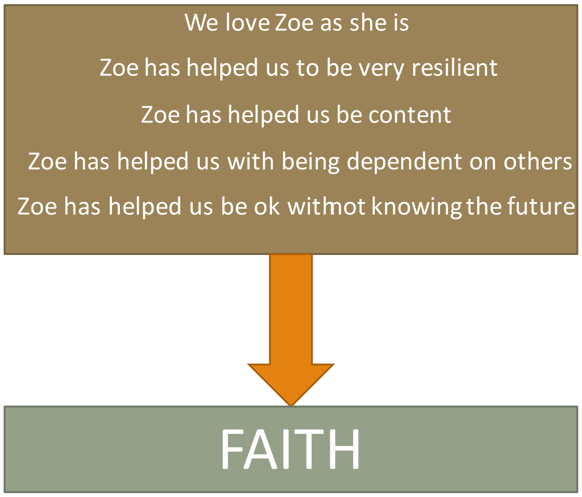
Things we do know are difficult to ask for:

$70K accessible vans

Accessiblehousing

We wouldn’t change anything

That sounds strange. Why?



We love Zoe as she is

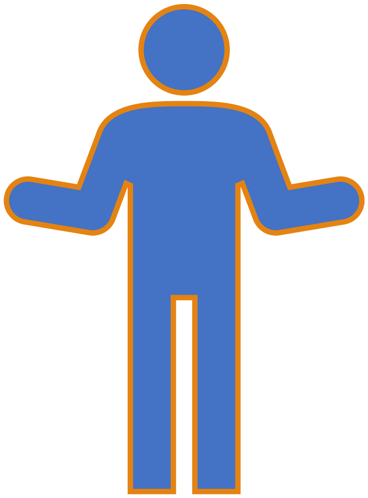
Zoe has helped us to be very resilient

Zoe has helped us be content

Zoe has helped us with being dependent on others

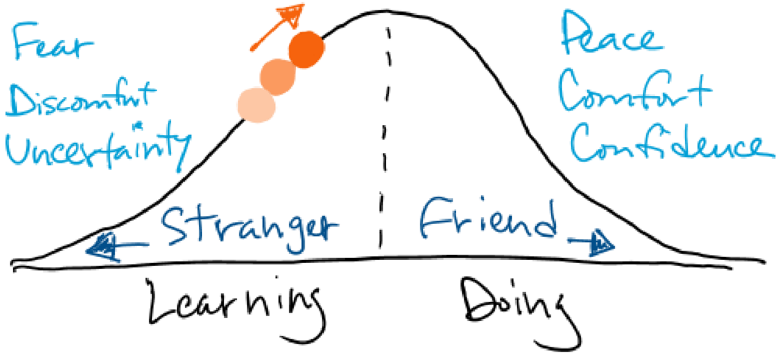
Zoe has helped us be ok with not knowing the future

FAITH



Now what?

Getting over the hump…



Simple Goals…

Don't Avoid

Do Engage

Everyone can do it!

How?

One way: Say "Hello!"

1) Come close to her

2) Stop

3) Make eye contact

4) Say, "Good Morning, Zoe"

5) Wait for her to respond

Expectations

Everyone Zoe's best friend? NO!

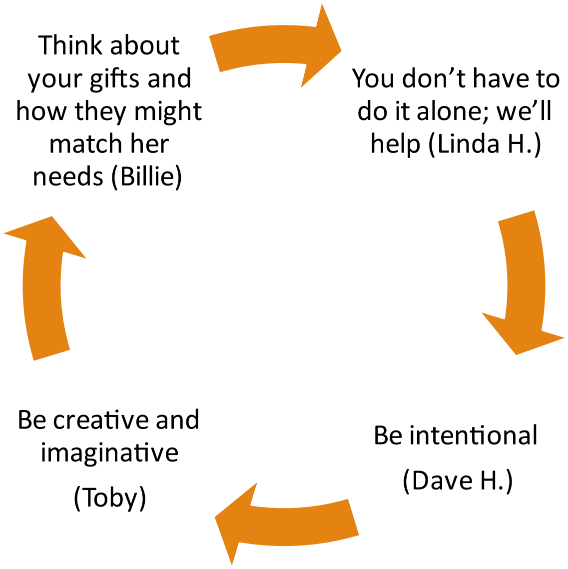
Everyone help carry her wheelchair upstairs when the elevator doesn't work? NO!

Everyone babysit? NO!

Everyone watch Disney movies? YES!☺

Everyone learn and grow? YES!

If the Spirit Leads You Deeper



Think about your gifts and how they might match her needs (Billie)

You don't have to do it alone; we'll help (Linda H.)

Be intentional

(Dave H.)

Be creative and imaginative

(Toby)

You are unique, too!

Think and pray about your God given gifts.

Physical strength

Prayer

Cooking

Hospitality

Financial Generosity

Bearing burdens may include the rest of us

Examples: Fishing with Noah & me; Babysitting for Jamie & me

Engaged Conversation Tips

HELLO!

Start with Hello!

My name is_____. What's yours?

What school do you go to?

What stuffed animal do you have with you today?

(Not specific to disability…just human!)

Ideas

Plan on spending time

Watch a Disney movie to prepare

Get on her level and make eye contact

Aim for a quiet place

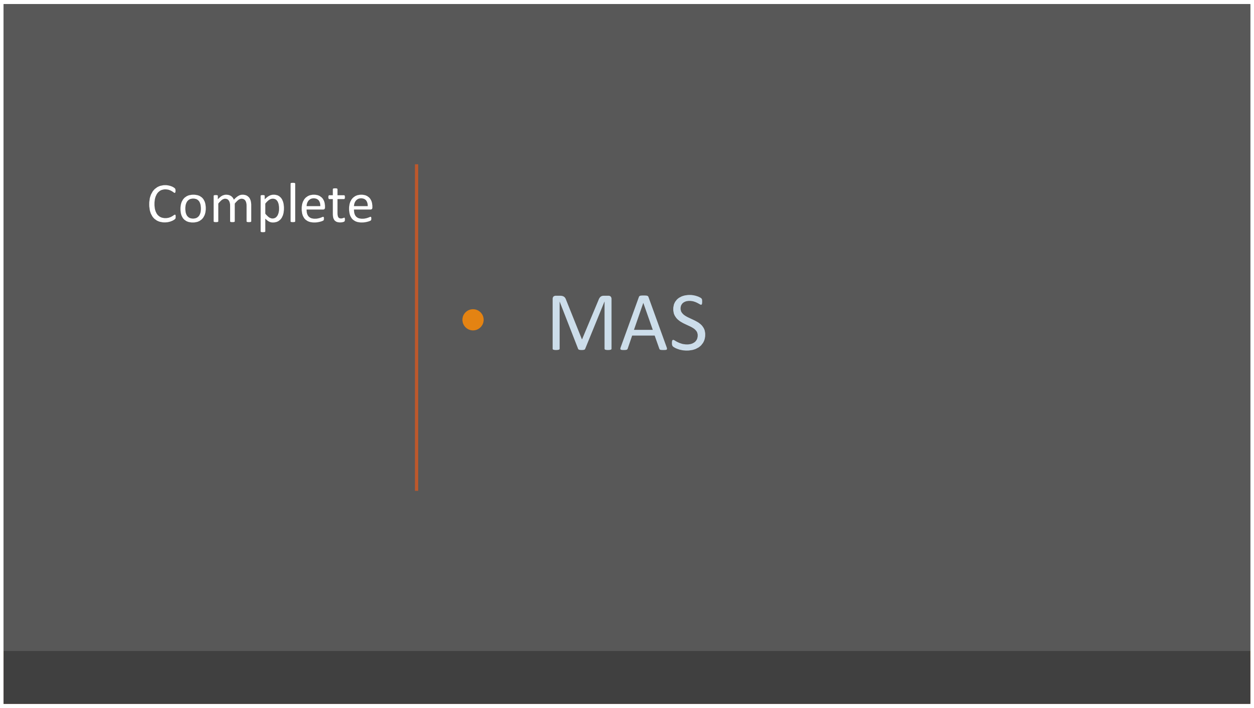
Ask for our help to make it happen

Read and a book together

Where does disability awareness thrive?

RELATIONSHIPS & FRIENDSHIPS

Q & A



Complete

- MAS

Bethlehem
Lutheran Church
Rapid City

Concordia
Seminary
ST. LOUIS

THANK YOU!

A RESEARCH STUDY EXPLORING THE EFFECTIVENESS OF A PERSON-CENTERED DISABILITY AWARENESS SEMINAR

APPENDIX TWO

Phase 1 Informed Consent Form

Study Title: Exploring the Effectiveness of a Person-Centered Disability Awareness Seminar in a Congregational Setting
Researcher: Joshua H. Jones
jonesjo@csl.edu, 605.343.2011
Research Supervisor: Dr. Thomas Egger

You are invited to be part of a research study. The researcher is a student at Concordia Seminary in Saint Louis, Missouri as part of the Doctor of Ministry (D. Min.) program. The information in this form is provided to help you decide if you want to participate in the research study. This form describes what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the researcher. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?

The purpose of this study is to learn more about the effects a person-centered disability awareness seminar may have on attitudes toward people with disabilities in a congregational setting.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you:

- 18 years of age or older.
- have worshiped at Bethlehem Lutheran Church, Rapid City, SD within the previous calendar year.

If you do not meet the description above, you are not able to be in the study.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

About 25 participants will be in this study.

CONFLICT OF INTEREST

The researcher is a pastor at Bethlehem Lutheran Church, Rapid City, South Dakota. The person-centered disability awareness seminar is about the child of the researcher.

WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay to be in the study.

HOW LONG WILL I BE IN THE STUDY?

If you decide to be in this study, your participation will last about 1.5 hours. You will have to come to Bethlehem Lutheran Church, Rapid City, SD one time during the study.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to be in this study and if you sign this form, you will do the following things:

- give personal information about yourself, such as your age, gender, occupation, and education level.
- complete a survey about your attitudes toward people with disabilities.
- attend a person-centered disability awareness seminar.

While you are in the study, you will be expected to:

- follow the instructions you are given.
- Tell the researcher if you want to stop being in the study at any time.

WILL I BE RECORDED?

You will not be recorded for this study.

WILL BEING IN THIS STUDY HELP ME?

Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?

No study is completely risk free. Since this study takes place in an enclosed, indoor area, you may be exposed to COVID-19. To mitigate the possibility of you becoming ill, participants will practice social-distancing and wear masks. You may stop being in the study at any time if you become uncomfortable.

WILL I GET PAID?

You will not receive anything for being in the study.

DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study. You can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher.

The researcher can remove you from the study at any time. This could happen if:

- the researcher believers it is best for you to stop being in the study.
- you do not follow directions about the study.
- you no longer meet the inclusion criteria to participate in the study.

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. All information will be kept in a locked filing system inside of a locked room at Bethlehem Lutheran Church. In any written reports or publications, no one will be able to identify you. Only the researcher will be able to review this information. Even if you leave the study early the researcher may still be able to use your data. This may occur if you only complete the survey at the beginning of the study.

LIMITS OF PRIVACY (CONFIDENTIALITY)

Generally speaking, the researcher can assure you that he will keep everything you tell him or do for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- the researcher finds out that a child or vulnerable adult has been abused.
- the researcher finds out that a person plans to hurt himself or herself, such as to commit suicide.
- the researcher finds out that a person plans to hurt someone else.

There are laws that require many professionals to take action if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is be abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask questions about the study at any time. You can call the researcher if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about anything related to this study.

DO YOU WANT TO BE IN THIS STUDY?

I have read this form and have been able to ask questions about this study. The researcher has talked with me about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

____

Printed Name of Participant

____ _________________

Signature of Participant Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

____

Printed Name of Researcher

____ _________________

Signature of Researcher Date

APPENDIX THREE

Phase 2 Informed Consent Form

Study Title: Exploring the Effectiveness of a Person-Centered Disability Awareness Seminar in a Congregational Setting
Researcher: Joshua H. Jones
jonesjo@csl.edu, 605.343.2011
Research Supervisor: Dr. Thomas Egger

You are invited to be part of a research study. The researcher is a student at Concordia Seminary in Saint Louis, Missouri as part of the Doctor of Ministry program (D. Min.). The information in this form is provided to help you decide if you want to participate in the research study. This form describes what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the researcher. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?

The purpose of this study is to better understand the data derived from the previously attended person-centered disability awareness seminar, to learn about participants perceptions of the seminar, and to learn how the seminar impacted the relational engagement of participants with persons with disabilities.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you:

- are 18 years or older.
- have worshiped at Bethlehem Lutheran Church, Rapid City, SD in the previous calendar year.
- previously participated in the person-centered disability awareness seminar and the accompanying research study held at Bethlehem Lutheran Church on March 13, 2021.

If you do not meet the description above, you are not able to be in the study.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

About five to seven participants will be in this study.

CONFLICT OF INTEREST

The researcher is a pastor at Bethlehem Lutheran Church, Rapid City, South Dakota. The previously held person-centered disability awareness seminar was about the child of the researcher.

WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay to be in the study.

HOW LONG WILL I BE IN THE STUDY?
If you decide to be in this study, your participation will last about one hour. You will have to come to Bethlehem Lutheran Church one time during the study.

WHAT WILL HAPPEN DURING THIS STUDY?
If you decide to be in this study and if you sign this form, you will do the following things:

- answer questions about your experience in the person-centered disability awareness seminar you attended in the presence of others in the focus group.
- answer questions about your personal interaction with a person with disabilities
- give personal information about yourself, such as your age, gender, occupation, and education level.

While you are in the study, you will be expected to:

- follow the instructions you are given.
- tell the researcher if you want to stop being in the study at any time.

WILL I BE RECORDED?
Yes, the researcher will digitally record the audio of your focus group. The researcher will use the digital audio files in order to create written transcripts for data interpretation.

The researcher will only use the recordings of you for the purposes you read about it this form. The researcher will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings will be kept confidential and secure for seven years after which time they will be destroyed.

WILL BEING IN THIS STUDY HELP ME?
Being in this study will not help you. Information from this study might aid researchers to help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?
No study is completely risk free. Since this study takes place in an enclosed, indoor area, you may be exposed to COVID-19. You may stop being in the study at any time if you become uncomfortable.

While every effort will be made to keep your identity confidential in this study, it is possible that others may learn of your identity or your responses. Since this is a focus group in which other participants hear what you say and know who you are, they could disclose your otherwise confidential responses to others against your wishes.

WILL I GET PAID?
You will not receive anything for being in the study.

DO I HAVE TO BE IN THIS STUDY?
Your participation in this study is voluntary. You can decide not to be in the study, and you can change your mind about being in the study at any time. There will be no penalty to you. If you

want to stop being in the study, tell the researcher.

The researcher can remove you from the study at any time. This could happen if:

- the researcher believers it is best for you to stop being in the study.
- you do not follow directions about the study.
- you no longer meet the inclusion criteria to participate.

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. Only the researcher will have access to the digital audio recordings and digital transcription. Names, places, and other personally identifying information will be redacted. No one will be able to identify you in any written reports or publications.

The researcher will keep the personal information you provide on a secure computer at Bethlehem Lutheran Church, Rapid City, SD and only the researcher and research supervisor will be able to review this information.

Audio recordings of the interviews will be kept confidential on a secure computer at Bethlehem Lutheran Church, Rapid City, SD. Only the researcher and a professional transcription service will have access to these files.

Even if you leave the study early the researcher may still be able to use your data. The researcher may do so if he feels it contributes to the research study.

LIMITS OF PRIVACY (CONFIDENTIALITY)

Generally speaking, the researcher can assure you that he will keep everything you tell him or do for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- the researcher finds out that a child or vulnerable adult has been abused.
- the researcher finds out that a person plans to hurt himself or herself, such as to commit suicide.
- the researcher finds out that a person plans to hurt someone else.

There are laws that require many professionals to take action if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is be abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

While every effort will be made to keep your identity confidential in this study, it is possible that others may learn of your identity or your responses. Since this is a focus group in which other participants hear what you say and know who you are, they could disclose your otherwise confidential responses to others against your wishes.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask questions about the study at any time. You can call the researcher if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about anything related to this study.

DO YOU WANT TO BE IN THIS STUDY?

I have read this form and have been able to ask questions about this study. The researcher has talked with me about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

____

Printed Name of Participant

____ _________________

Signature of Participant Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

____

Printed Name of Researcher

____ _________________

Signature of Researcher Date

DO YOU AGREE TO BE AUDIO RECORDED IN THIS STUDY?

I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

____

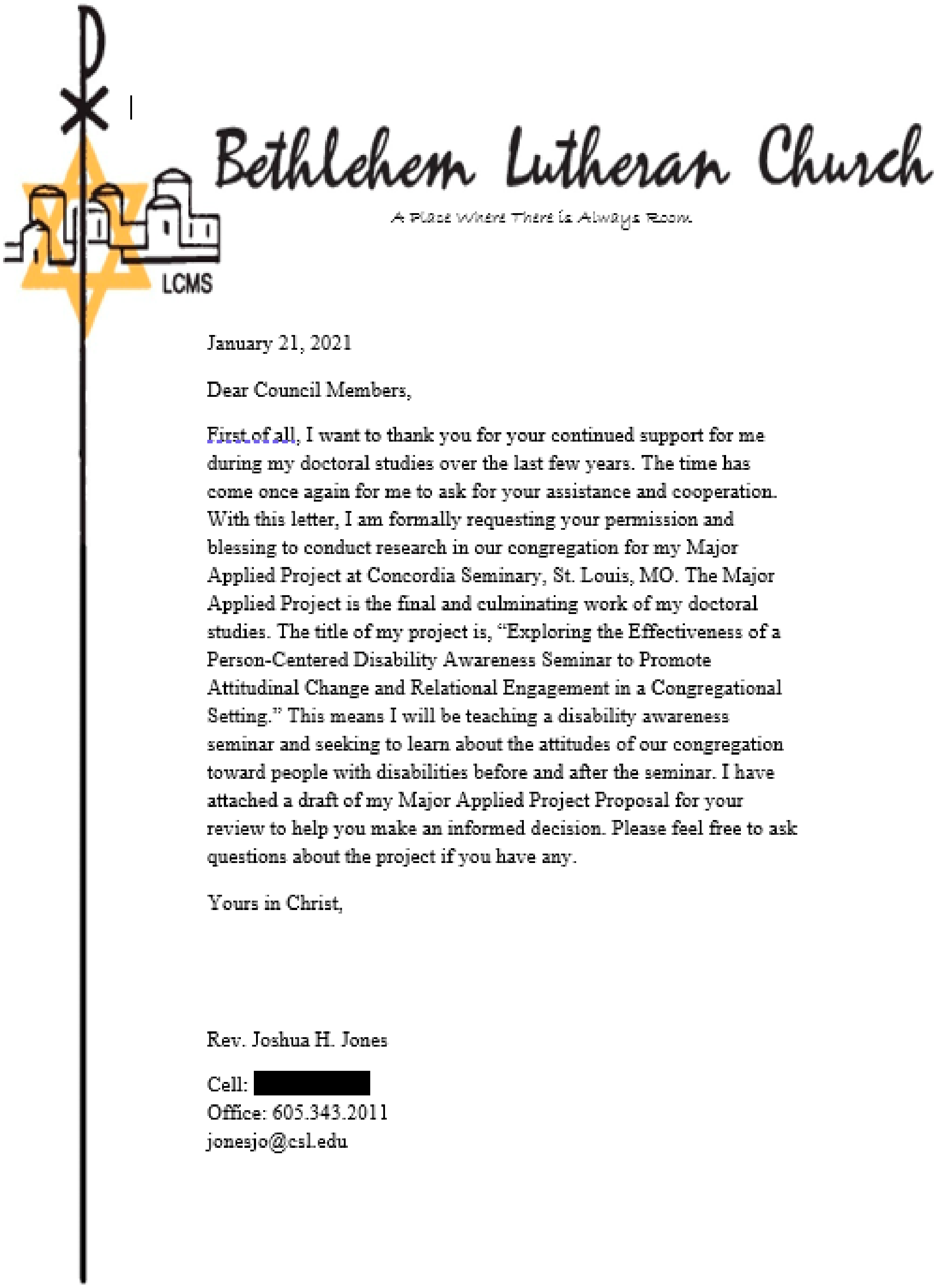
Printed Name of Participant

____ _________________

Signature of Participant Date

APPENDIX FOUR

Congregational Research Permission Request



Bethlehem Lutheran Church
A Place Where There is Always Room
LCMS

January 21, 2021

Dear Council Members,

First of all, I want to thank you for your continued support for me during my doctoral studies over the last few years. The time has come once again for me to ask for your assistance and cooperation. With this letter, I am formally requesting your permission and blessing to conduct research in our congregation for my Major Applied Project at Concordia Seminary, St. Louis, MO. The Major Applied Project is the final and culminating work of my doctoral studies. The title of my project is, "Exploring the Effectiveness of a Person-Centered Disability Awareness Seminar to Promote Attitudinal Change and Relational Engagement in a Congregational Setting." This means I will be teaching a disability awareness seminar and seeking to learn about the attitudes of our congregation toward people with disabilities before and after the seminar. I have attached a draft of my Major Applied Project Proposal for your review to help you make an informed decision. Please feel free to ask questions about the project if you have any.

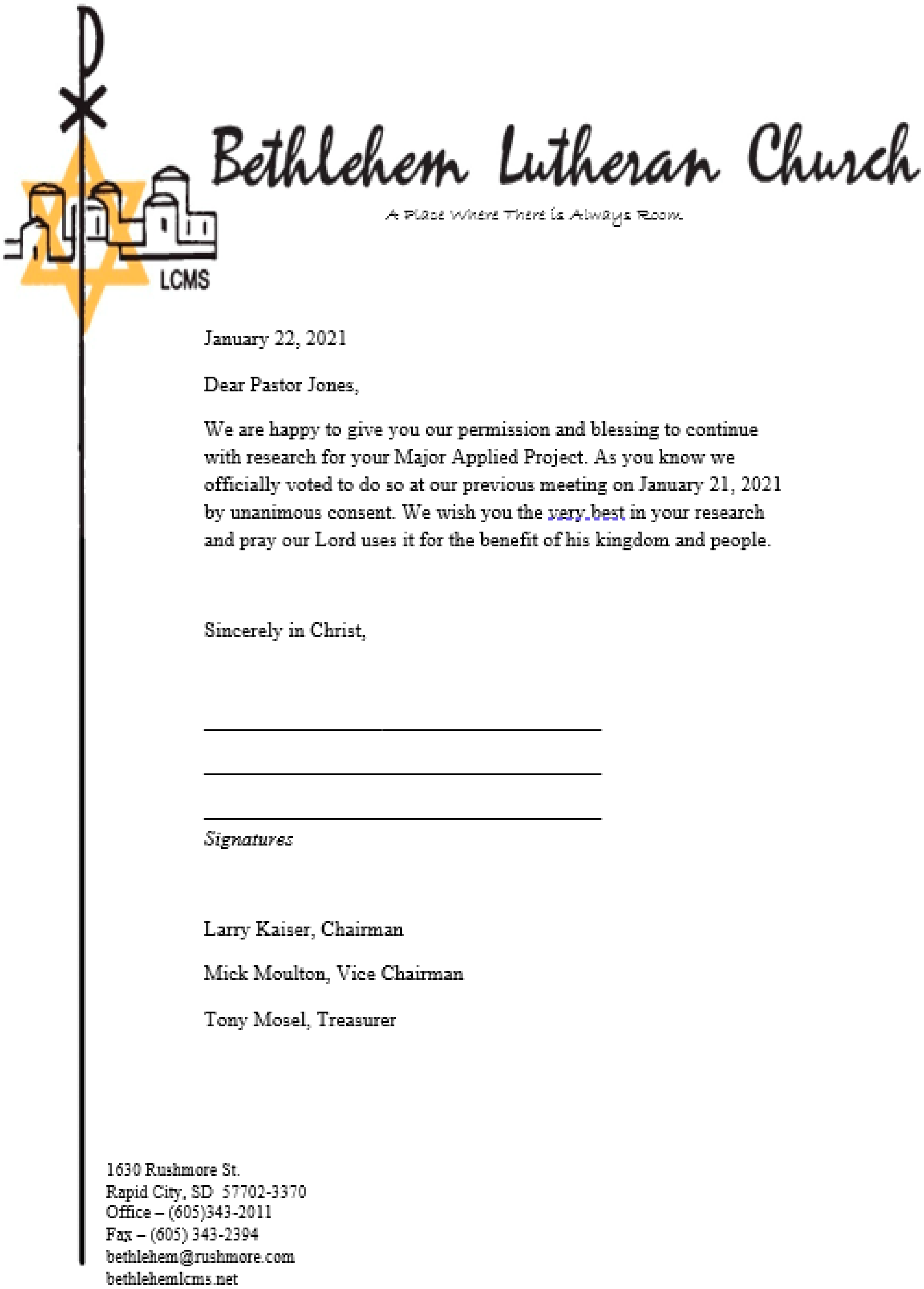
Yours in Christ,

Rev. Joshua H. Jones

Cell: [redacted]
Office: 605.343.2011
jonesjo@csl.edu

APPENDIX FIVE

Congregational Approval of Research



Bethlehem Lutheran Church
A Place Where There is Always Room
LCMS

January 22, 2021

Dear Pastor Jones,

We are happy to give you our permission and blessing to continue with research for your Major Applied Project. As you know we officially voted to do so at our previous meeting on January 21, 2021 by unanimous consent. We wish you the very best in your research and pray our Lord uses it for the benefit of his kingdom and people.

Sincerely in Christ,

____

____

____

Signatures

Larry Kaiser, Chairman

Mick Moulton, Vice Chairman

Tony Mosel, Treasurer

1630 Rushmore St.
Rapid City, SD 57702-3370
Office – (605)343-2011
Fax – (605) 343-2394
bethlehem@rushmore.com
bethlehemlcms.net

APPENDIX SIX

Sample Announcements

Bulletin Announcement

Brothers and Sisters in Christ,

I am conducting a research study in our congregation and you are invited to participate. The purpose of the study is to learn more about the effects a person-centered disability awareness seminar may have on attitudes toward people with disabilities in a congregational setting. The seminar will last approximately 1.5 hours and will take place at church following worship on March 14th. You need to be at least 18 years old to participate. If you have any questions about the research study, I would be happy to answer them.

Yours in Christ,

Pastor

Bulletin Board Announcement

What? A Research Study

Where? Here!

When? March 14th After Worship

Why? To Learn About Disabilities

APPENDIX SEVEN

Permission to Use the Multidimensional Attitudes Scale Toward Persons With Disabilities (MAS)

Re: Permission Request to Use the MAS

From: Liora Findler (liora.findler@biu.ac.il)
To: jonesjo@csl.edu; noa.vilchinsky@biu.ac.il; shirli.werner@mail.huji.ac.il
Date: Tuesday, February 2, 2021, 11:29 PM MST

Dear Joshua,

You are more than welcome to use the MAS for your research and adapt it for your purposes.

Attached please find three relevant articles on the MAS.

Good luck,

Liora, Noa and Shirli

From: Jones, Joshua <jonesjo@csl.edu>
Date: Tuesday, 2 February 2021 at 20:06
To: Liora Findler <Liora.Findler@biu.ac.il>
Subject: Permission Request to Use the MAS

Dear Professor Findler,

I am a doctoral student at Concordia Seminary, St. Louis, Missouri. I am writing to request permission to use the English version of the Multidimensional Attitudes Scale toward Persons with Disabilities (MAS) for my doctoral research. With your permission, my research will involve administering the MAS to approximately 25 individuals within a single faith community before and after disability awareness training. I hope to begin doing research this Spring (2021).

I would also appreciate receiving any supplemental material you are willing to share that will aid me in administering or scoring the MAS.

If you have questions you may contact me at jonesjo@csl.edu or [redacted]. You may also contact my doctoral advisor, Dr. Thomas Egger at eggert@csl.edu or [redacted], or the director of my doctoral program, Dr. Mark Rockenbach at rockenbachm@csl.edu or [redacted].

Thank you for your time and consideration of my request.
Sincerely,
Joshua H. Jones

APPENDIX EIGHT

Person-Centered Disability Awareness Seminar Outline

1. Introduction
2. Complete Informed Consent, Sociodemographic Questionnaire, MAS
3. Purpose of Seminar
4. Learning about Zoe
    a. Likes/Dislikes
    b. Did You Know?
    c. Favorites
5. Learning about Zoe's Family
    a. Experience Disability Differently
6. Putting Learning into Practice in Concrete Ways
    a. Examples of What Has Been Done
    b. Examples of What Could Be Done
    c. Creatively & Imaginatively Exploration
7. Q & A
8. Complete MAS

It should be noted that the seminar was developed in collaboration with several others who play important roles in Zoe's life, including: her immediate family, her extended family, her teachers and paraprofessionals, her physical therapist, her occupational therapists, and friends.

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